

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000382

1. Entity Name

YAHOVAH ELOHEEM MINISTRIES, INC. WITH REVERAND M

Principal Place of Business

Mailing Address

4525 SW 95TH AVENUE
MIAMI FL 33165

P.O. BOX 557601
MIAMI FL 33255-7601
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0370352

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIQUE, RAFAEL
4525 SW 95TH AVENUE
MIAMI FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
OLIQUE, MYRTIS REV.
4525 SW 95TH AVE.
MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
OLIQUE, RAFAEL
4525 SW 95TH AVE.
MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LYDDIA THOMPSON
651 NW 58TH ST
MIAMI FL

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

D
ELVIS HODGES
6709 SW 88TH ST
MIAMI FL

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STREET ADDRESS
CITY-ST-ZIP

D
HODGES, ANDRE
11935 SW 188TH TERRACE
MIAMI FL 33157

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NAME
STREET ADDRESS
CITY-ST-ZIP

T
FRITZ, TAN
18577 SW 87TH CT
MIAMI FL 33157

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTIS OLIQUE (MYRTIS OLIQUE) Myrtis Olique 3/29/00 (305) 559-8395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90071 047 ****70.00

A0037004



DO NOT WRITE IN THIS SPACE