2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90273 018 ****70.00

DOCUMENT # N92000000382

1. Entity Name
YAHOVAH ELOHEEM MINISTRIES, INC. WITH REVEREND MYRTIS OLIQUE

A0062233

Principal Place of Business	Mailing Address
4525 SW 95TH AVENUE MIAMI FL 33165	P.O. BOX 651118 MIAMI FL 33265-1118

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0370352 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] $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	VICE PRESIDENT JUDITH GEORGE 12901 SW 148th St. Rd. [ ] Change [X] Addition
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	LYDIA CAMEJO 1230 NW 9TH AVE MIAMI FL 33136 [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGES-ANDRE 11835 SW 188TH TERRACE MIAMI FL 33157 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAN, FRITS 18577 SW 87TH CT MIAMI FL 33157 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. MYRTIS OLIQUE *Myrtis Olique* 4/21/01 305-485-8843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #