FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State DOCUMENT # N93000002316 1. Entity Name 02-28-2001 90100 028 ****70.00 SOUTH EAST DADE MINISTERIAL ALLIANCE, INC. Principal Place of Business Mailing Address 344 SW 4TH AVENUE 344 SW 4TH AVENUE HOMESTEAD FL 33030 HOMESTEAD FL 33030 Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0406560 DMESTER Not Applicable erne \$8.75 Additional Certificate of Status Desired MARINE DADG Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, HENRY L REV. 344 SW 4TH AVENUE HOMESTEAD FL 33030 HOLMESTERD 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 FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CR2E037 (10/00) PD TITLE TITLE Addition <u>Delete</u> NAME SMITH, HENRY L REV NAME 51015W297 STREET ADDRESS STREET ADDRESS 344 SW 4TH AVENUE YAMESTEAD, FC 33033 CITY-ST-ZIP CITY-ST-7IP HOMESTEAD FL 33030 Change TITLE ☐ Addition TITLE ☐ Delete NAME FERGUSON, LARRY REV. NAME STREET ADDRESS STREET ADDRESS 205 NW 7TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FLORIDA CITY FL 33034 TITLE Change Addition TITLE ☐ Delete SCOTT, WILLIE BISHOP NAME NAME STREET ADDRESS STREET ADDRESS 14320 SW 104 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Addition ☐ Change ☐ Delete TITLE TITLE WILLIAMS, CHARLIE BISHOP NAME NAME STREET ADDRESS STREET ADDRESS 10720 SW 218 ST. CITY-ST-ZIP CITY-ST-ZIP GOULDS FL 33170 2 Change ☐ Addition TITLE TITLE ROW. QUETIS THOMAS TERRY, CLINTON, SR. R REV. NAME NAME STREET ADDRESS STREET ADDRESS 15101 S.W. 297 ST. CITY-ST-ZIP CITY-ST-ZiP **HOMESTEAD FL 33033** ___ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE: Masself Residence of Signature and Typed on Printed Name of Signature and Typed on Printed Name of Signature and Typed on Printed Name of Signature Phone #

an address, with all other like empowered

changed, or on an attac

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