

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002787

1. Entity Name

BIBLE TEACHERS INTERNATIONAL, INC.



**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90096 035 \*\*\*\*70.00

Principal Place of Business

3591 NW 9TH AVENUE  
OAKLAND PARK BLVD FL 33309

Mailing Address

441 SO. STATE ROAD 7  
SUITE 4  
NO. FT. LAUDERDALE FL 33068

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

65-0418934

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

BANKS, MARY  
9752 SW 1ST ST.  
PLANTATION FL 33324

Name

Mary Banks

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

441 South State Road 7

Suite 4

City

N Ft. Lauderdale

FL

Zip Code  
33068

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**

**After September 13, 2000 min. will be \$236.25**

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 DVP  
NAME THOMAS, TANYA  
STREET ADDRESS 705 GARDENS DR., #204  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE DV  
NAME Thomas, Tanya  
STREET ADDRESS 8020 SW 81st Ave #514  
CITY-ST-ZIP N. Lauderdale FL 33068 ☒ Change ☐ Addition

TITLE PD  
NAME BANKS, MARY  
STREET ADDRESS 9752 SW 1ST STREET  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE PD  
NAME Banks, Mary  
STREET ADDRESS 441 So State Road 7 Suite 4  
CITY-ST-ZIP No Ft. Lauderdale FL 33068 ☒ Change ☐ Addition

TITLE DS  
NAME WENDEL, PAMELA  
STREET ADDRESS 161 N.W. 35TH ST.  
CITY-ST-ZIP OAKLAND PARK FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT  
NAME THOMAS, CYNTHIA  
STREET ADDRESS 1041 PARK CREEK CIRCLE  
CITY-ST-ZIP LAWRENCEVILLE GA 30044 ☐ 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:

*Mary Banks*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Banks September 1, 2000 954.917.3200

Date

Daytime Phone #

CR2E037 (5/00)