

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90016 040 \*\*\*\*75.00

DOCUMENT # **194000003180**

1. Entity Name **Faith By works OUTREACH INC**  
**R**

Principal Place of Business Mailing Address  
**1830 NW 185 Street** **Same**  
**OPA Locka FL 33056** **1830 NW**  
**1830 NW 185 Street** **185 Street**  
**OPA Locka FL 33056**

2. Principal Place of Business 3. Mailing Address  
**305 620-2705** **Same**  
**33056**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 1** **Suite 1**  
 City & State City & State  
**OPA Locka FL** **OPA Locka FL**

Zip Country Zip Country  
**33056** **Dade** **33056**

4. FEI Number **65-05-19053** Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**Paula J. Lee**  
**1**

## 7. Name and Address of New Registered Agent

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 **Paula J. Lee** **Paula J. Lee** **6-5-00**  
 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 ☒ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>Paula J. Lee</b>	
STREET ADDRESS <b>1830 NW 185 Street</b>	
CITY-ST-ZIP <b>OPA Locka FL 33056</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> Delete
NAME <b>Parnetha Stuckey</b>	
STREET ADDRESS <b>1760 NW 80 Street</b>	
CITY-ST-ZIP <b>Miami FL</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> Delete
NAME <b>William Stuckey</b>	
STREET ADDRESS <b>13312 Alexandria Dr</b>	
CITY-ST-ZIP <b>OPA Locka FL 33054</b>	
TITLE <b>Treasurer</b>	<input type="checkbox"/> Delete
NAME <b>Parnetha Stuckey</b>	
STREET ADDRESS <b>1760 NW 80 Street</b>	
CITY-ST-ZIP <b>Miami FL</b>	
TITLE <b>Deaconess</b>	<input type="checkbox"/> Delete
NAME <b>Nether Dixon</b>	
STREET ADDRESS <b>Nether Dixon</b>	
CITY-ST-ZIP	
TITLE <b>Deacon</b>	<input type="checkbox"/> Delete
NAME <b>Jared Lee</b>	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: **Paula J. Lee** **President** **6-5-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)