

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003180

1. Entity Name

FAITH BY WORKS OUTREACH MINISTRY, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90045 007 ****75.00

Principal Place of Business

Mailing Address

1830 N.W. 185TH STREET
 MIAMI FL 33056

1830 N.W. 185TH STREET
 MIAMI FL 33056

2. Principal Place of Business

1830 N.W. 185th Street Miami, FL

3. Mailing Address

1830 N.W. 185th Street Miami, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Main Building #1
 City & State

Main Building #1
 City & State

Miami, FL

Miami, FL

Zip
 33056

Country
 Dade

Zip
 33056

Country
 Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0519053

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

LEE, PAULA
 1830 N.W. 185TH STREET
 MIAMI FL 33056

Lee, Paula
 1830 N.W. 185th Street
 Miami, FL 33056

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 Lee President

(NOTE: Registered Agent signature required when reinstating)

7-30-01
 DATE

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

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\$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 DP
 NAME LEE, PAULA
 STREET ADDRESS 1830 N.W. 185TH STREET
 CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

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

TITLE DS
 NAME STUCKEY, WILLIAM
 STREET ADDRESS 1830 N.W. 185TH STREET
 CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

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

TITLE DT
 NAME STUCKEY, PARNETHA
 STREET ADDRESS 1830 N.W. 185TH STREET
 CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

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

TITLE DD
 NAME DIXON, NETTER
 STREET ADDRESS 1830 N.W. 185TH STREET
 CITY-ST-ZIP MIAMI FL 33056 ☐ 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:

Paula Lee President Paula Lee 7-30-01 205-1737745

CR2E037(5/01)