

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0018568

**DOCUMENT # N94000003180**

1. Entity Name

**FAITH BY WORKS OUTREACH MINISTRY, INC.**

04-10-2002 90364 009 \*\*\*\*75.00

Principal Place of Business

1830 N.W. 185 STREET  
 MAIN BLDG #1  
 MIAMI FL 33056

Mailing Address

1830 N.W. 185 STREET  
 MAIN BLDG #1  
 MIAMI FL 33056

828542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1830 N.W. 185 Street

Suite, Apt. #, etc.

Suite 1

City & State

OPA Locka FL

Zip

33056

Country

Dade

3. Mailing Address

1830 N.W. 185 Street

Suite, Apt. #, etc.

Suite 1

City & State

OPA Locka FL

Zip

33056

Country

Dade

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

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

Lee, Paula  
 1830 N.W. 185 St  
 OPA Locka FL  
 33056

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 President* *Paula J. Lee President* *03/27/02*

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEE, PAULA	
STREET ADDRESS	1830 N.W. 185TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STUCKEY, WILLIAM	
STREET ADDRESS	1830 N.W. 185TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STUCKEY, PARNETHA	
STREET ADDRESS	1830 N.W. 185TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DD	<input type="checkbox"/> Delete
NAME	DIXSON, NETTER	
STREET ADDRESS	1830 N.W. 185TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
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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* *Paula J. Lee President* *03/27/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)