

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004154

1. Entity Name

LIFE LIKE MINISTRIES, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90015 023 ****61.25

Principal Place of Business

18932 NW 42 CT
MIAMI FL 33055
US

Mailing Address

18932 NW 42 CT
MIAMI FL 33055
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0521068

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WYNN, ROBERT L
171 N.W. 37TH STREET
MIAMI FL 33127

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

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	D	<input type="checkbox"/> Delete
NAME	BRANCH, WILLIE W	
STREET ADDRESS	18932 N.W. 42ND CURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	DEO	<input type="checkbox"/> Delete
NAME	BRANCH, CATHERINE J	
STREET ADDRESS	18932 N.W. 42ND CURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILKERSON, HERBERT	
STREET ADDRESS	3935 N.W. 193 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARMICLE, MECHELLE	
STREET ADDRESS	3935 N.W. 193 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOHONE, KAREN	
STREET ADDRESS	7010 NW 186 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKERSON, ROBIN	
STREET ADDRESS	3935 N.W. 193 STREET	
CITY-ST-ZIP	MIAMI FL 33055	

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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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:

CASTONATRE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (5/00)

7-7-00 305-6244687