

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90063 030 ****61.25

DOCUMENT # N94000005154

1. Entity Name

JESUS SHEPARD OF THE FIELDS, INC.

Principal Place of Business

Mailing Address

15008 SW 113TH CT
 MIAMI FL 33176-7404

15008 SW 113TH CT
 MIAMI FL 33176-7404

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

65-0533493

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTTS, ALFONSO L
15008 SW 113TH CT
MIAMI FL 33176-7404

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PFD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTS, ALFONSO L	NAME	
STREET ADDRESS	15008 S.W. 113TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176-7404	CITY-ST-ZIP	
TITLE	CPVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTS, MINNIE P	NAME	
STREET ADDRESS	15008 S.W. 113TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176-7404	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ELLAWEEEN	NAME	
STREET ADDRESS	10145 S.W. 172ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTON-HOWARD, VERONICA D	NAME	
STREET ADDRESS	14045 MONROE STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ELVIN	NAME	
STREET ADDRESS	10145 SW 192ND ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *ALFONSO L BOTTS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 (305) 233-9560
 Date Daytime Phone #

CR2E037 (9/99)