

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005294

1. Entity Name

UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORPORATIO

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90017 024 ****70.00

Principal Place of Business

Mailing Address

21310 NW 37TH AVE
 MIAMI FL 33056
 US

21310 NW 37TH AVE
 MIAMI FL 33056-1030
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0530891

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TUMPKIN, MARY A
 21370 NW 37TH AVE
 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

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

TITLE	Delete <input type="checkbox"/>
NAME	ADAMS, JOHNNIE
STREET ADDRESS	15961 S.W. 3RD ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	Delete <input type="checkbox"/>
NAME	KERSON, BERNICE
STREET ADDRESS	3734 N.W. 213TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	Delete <input checked="" type="checkbox"/>
NAME	WATSON, PAMELA
STREET ADDRESS	8980 N.W. 8TH ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	Delete <input type="checkbox"/>
NAME	HICKS, HAROLD
STREET ADDRESS	7801 N.E. 4TH COURT, UNIT 102
CITY-ST-ZIP	MIAMI FL
TITLE	Delete <input type="checkbox"/>
NAME	TUMPKIN, MARY A
STREET ADDRESS	13201 NW 29TH AVE
CITY-ST-ZIP	OPA LOCKA FL
TITLE	Delete <input type="checkbox"/>
NAME	Billy Hester
STREET ADDRESS	2343 N.W. 52 Street Miami 33142
CITY-ST-ZIP	

TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	VPD John Flemming
STREET ADDRESS	14421 Polk Street
CITY-ST-ZIP	So. Miami, 33176
TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	D Monica Kennerly
STREET ADDRESS	1727 N.E. 163 Street
CITY-ST-ZIP	Miami, FL 33162
TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	D Marcia Barry-Smith
STREET ADDRESS	10700 N.W. 14 St. #158
CITY-ST-ZIP	Plantation, FL 33322
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: *Mary A. Tumpkin* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date Daytime Phone #

CR2E037 (9/99)