

# 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

Zip

Country

Zip

Country

4. FEI Number

65-0530891

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

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

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

*Mary A. Tumpkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

Daytime Phone #

CR2E037 (9/99)