

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005294

1. Entity Name

UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORPORATION  
N

Principal Place of Business

21310 NW 37TH AVE  
MIAMI FL 33056  
US

Mailing Address

21310 NW 37TH AVE  
MIAMI FL 33056  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TUMPKIN, MARY A  
21370 NW 37TH AVE  
MIAMI 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

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	PD	<input type="checkbox"/> Delete
NAME	TUMPKIN, MARY A	
STREET ADDRESS	13201 NW 29TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KERSON, BERNICE	
STREET ADDRESS	3734 N.W. 213TH ST	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FLEMMING, JOHN	
STREET ADDRESS	14421 POLK STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HESTER, BILLY	
STREET ADDRESS	2343 NW 52 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, JOHNNIE	
STREET ADDRESS	15961 SW 3RD STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKS, HAROLD	
STREET ADDRESS	7801 NE 4TH COURT	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chester Bishop	
STREET ADDRESS	11301 NW 26 St. Plantation, FL	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Holley	
STREET ADDRESS	8201 N University Drive,	
CITY-ST-ZIP	Tamarac, FL	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Spring	
STREET ADDRESS	7805 Camino Real H201	
CITY-ST-ZIP	Miami, FL	
TITLE	Billy Hester-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2343 NW 52 Street	
CITY-ST-ZIP	Miami, FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monica Kennerly	
STREET ADDRESS	3901 E. lake Rd	
CITY-ST-ZIP	Miramar, FL	
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 fee empowered.

SIGNATURE: X

*Mary A Tumpink*

2/4/2002

(305) 624-4991

FILED  
Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90485 001 \*\*\*\*\*8.75

02-25-2002 90485 002 \*\*\*\*\*61.25

14040



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0530891

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

CR2E037 (9/01)