

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001174

1. Entity Name

VICTOR T. CURRY MINISTRIES, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90331 046 \*\*\*\*\*61.25

0042721

Principal Place of Business

13230 N.W. 7TH AVENUE  
MIAMI FL 33168

Mailing Address

13230 N.W. 7TH AVENUE  
MIAMI FL 33168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0572488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, VERNITA C  
9970 N.W. 51ST LANE  
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Leonardo Starke

Street Address (P.O. Box Number is Not Acceptable)

3540 McDonald St Coconut Creek, FL

City

Coconut Grove

FL

Zip Code

33133

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)

9/15/01  
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 D ☐ Delete  
NAME CURRY, VICTOR T  
STREET ADDRESS 13230 N.W. 7TH AVE.  
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ Delete  
NAME ALLEN, CHARLOTTE  
STREET ADDRESS 2210 NW 44 AVE  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Delete  
NAME ASHLEY, JULIE  
STREET ADDRESS 13230 N.W. 7TH AVE.  
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ Delete  
NAME FORDE, BARBARA  
STREET ADDRESS 5335 NW 188 STREET  
CITY-ST-ZIP MIAMI FL 53055

TITLE D ☐ Delete  
NAME FORDE, TAMIKA  
STREET ADDRESS 5335 NW 188TH ST  
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/01  
Date

Daytime Phone #

CR2E037 (10/00)