

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001376

1. Entity Name

KOINONIA INCORPORATED

Principal Place of Business

3647 SW 92ND AVE
MIAMI FL 33165-4131

Mailing Address

3647 SW 92ND AVE
MIAMI FL 33165-4131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0568280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, R. KEITH
6101 SW 76TH STREET
S. MIAMI FL 33143

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
After September 13, 2000 min. will be \$236.25

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 DT
NAME HYDE, ERROL ☐ Delete
STREET ADDRESS 6231 S.W. 61 STREET
CITY-ST-ZIP MIAMI FL 33143

TITLE DP
NAME HYDE, PATRICK ☐ Delete
STREET ADDRESS 3647 SW 92ND AVENUE
CITY-ST-ZIP MIAMI FL 33165

TITLE DM
NAME HYDE, MICHAEL J ☐ Delete
STREET ADDRESS 6231 SW 61 STREET
CITY-ST-ZIP MIAMI FL 33143

TITLE DS
NAME LAM, JESUS C ☐ Delete
STREET ADDRESS 430 SW 125 AVENUE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Date

Daytime Phone #

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90017 043 ****61.25



DO NOT WRITE IN THIS SPACE

09/17/00

CF

9/11/00 305-559-9552