

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90871 038 \*\*\*\*61.25

**DOCUMENT # N95000001576**

1. Entity Name

**BELIEVERS OF AUTHORITY MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**3642 THOMAS AVE  
 MIAMI FL 33133**

**3642 THOMAS AVE  
 MIAMI FL 33133-5710**

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

**65-0571004**

Applied For

Not Applicable

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

**CHAMBERS, JEANETTE  
 3642 THOMAS AVE  
 MIAMI FL 33133**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CHAMBERS, JOHN H.	3642 THOMAS AVE	MIAMI FL 33133	<input type="checkbox"/>
VP	AVILA, LUIS	1300 NW 6TH ST.	MIAMI FL 33172	<input type="checkbox"/>
S	DAVIS, MIA	10820 SW 200TH DR., APT. 152	MIAMI FL 33157	<input type="checkbox"/>
D	JONES, MYA	1515 10TH AVE. E.	PALMETTO FL 34221	<input type="checkbox"/>
T	RUSSELL, CHERYL	224 WASHINGTON DR.	MIAMI FL 33133	<input type="checkbox"/>
D	MONTGOMERY, JOAN C.	7931 MACKENZIE ST.	NEW ORLEANS LA 70127	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5850

305-442-7387

Date

Daytime Phone #

CR2E037 (9/99)