

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0018333

DOCUMENT # N95000003453

1. Entity Name

**HERALD OF HARVEST MINISTRIES APOSTOLIC FAITH, IN
CORPORATED**

Principal Place of Business

**3820 NW 166TH STREET
OPA LOCKA FL 33055
US**

Mailing Address

**3820 NW 166TH ST
OPA LOCKA FL 33055
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

65-0596325

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

**HENRIQUES, GENNIEVE
1001 BRICKELL BAY DR,
SUITE 2310
MIAMI FL 33131**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **WALKER, STEVE**
CITY-ST-ZIP **20820 N.W. 28TH COURT
MIAMI FL 33056**

TITLE ☐ Delete
NAME **SDV**
STREET ADDRESS **PEAT, ENID**
CITY-ST-ZIP **BOX 681625
MIAMI FL 33168**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MICHAEL, MAVIS**
CITY-ST-ZIP **1030 NW 106 ST
MIAMI FL 33150**

TITLE ☐ Delete
NAME **AT**
STREET ADDRESS **WALKER, LORRAINE**
CITY-ST-ZIP **2082 NW 28 CT
MIAMI FL 33056**

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

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: **ESMIA JEFFREY PEART/Secretary**

4/1/2002 305. 613-1266

CR2E037 (9/01)