

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000003658**

1. Entity Name

JESUS IS ALIVE MINISTRIES PRAISE AND WORSHIP CEN

Principal Place of Business

7100 NW 15TH CT
MIAMI FL 33147
US

Mailing Address

7100 NW 15TH CT
MIAMI FL 33147
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

65-0601001

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, FREDDIE L
2923 NW 58 ST
MIAMI FL 33142

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
NAME ROBINSON, FREDDIE L
STREET ADDRESS 2923 NW 58 ST
CITY-ST-ZIP MIAMI FL 33142 ☐ DeleteTITLE VD
NAME ROBINSON, REBECCA
STREET ADDRESS 2923 NW 58 ST
CITY-ST-ZIP MIAMI FL 33142 ☐ DeleteTITLE TD
NAME WILLIAMS, PETER
STREET ADDRESS 388 W 58 ST
CITY-ST-ZIP HIALEAH FL 33012 ☐ DeleteTITLE SD
NAME WILLIAMS, CONNIE
STREET ADDRESS 388 W 58 ST
CITY-ST-ZIP HIALEAH FL 33012 ☐ DeleteTITLE D
NAME SMITH, CAROLYN
STREET ADDRESS 1775 NW 43RD ST
CITY-ST-ZIP MIAMI FL 33142 ☐ DeleteTITLE D
NAME SMITH, HAZEL
STREET ADDRESS 1449 NE 154 TERR
CITY-ST-ZIP N MIAMI BEACH FL 33162 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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)(l), 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: *Freddie L. Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 2, 2001 305.638.1446

Date Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90008 034 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)