## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 14, 2001 8:00 am<sup>3</sup> Secretary of State DOCUMENT # N96000002661 1. Entity Name NEW WAY COVENANT ENTERPRISES, INC. 05-14-2001 90172 001 \*\*\*122.50 Mailing Address 2621 NU 13 ST 2601-N.W. 13TH STREET Principal Place of Business 2601 N.W. 13TH STREET POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 2621 NW 13 St 2621 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 65-0762628 omparo Bet, FL Pompmo Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33069 33069 usa Fee Required MSA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 4NNeTle Street Address (P.O. Box Number is Not Acceptable) FAYNE, MICHAEL 341 NW 201 ST ompano MIAMI FL 33169 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** DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) TITLE ☐ Change Addition TITLE □ Delete NAME HUNTER, PAULETTE NAME STREET ADDRESS 501 NW 24 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Pomporo PL 33069 Delete TITLE TITLE MILLER: AYANNA-NAME NAME STREET ADDRESS 2601 N.W. 13TH-STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 93069-SD TITLE ☐ Detete TITLE JOHNSON, LAJUANE NAME NAME STREET ADDRESS 558 KATHY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33068 ☐ Addition TITLE Delete TITLE Change MONTAQUE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1506 N.W. 9TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Delete ☐ Change ☐ Addition TITLE TITLE RUISE, SANDRA NAME NAME STREET ADDRESS 2410 NW 6 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, RYAN NAME NAME STREET ADDRESS 180 NW 25 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 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

FILED