

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91720 001 \*\*\*\*61.25

**DOCUMENT # N96000002661**

1. Entity Name

**NEW WAY COVENANT ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

2621 N.W. 13TH STREET  
 POMPANO BEACH FL 33069

2621 N.W. 13TH STREET  
 POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0762628**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, ANNETTE S**  
**2621 NW 13 ST.**  
**POMPANO BEACH FL 33069**

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: Annette S. Miller (Annette S Miller)

5-1-02

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: **D**  Delete  
 NAME: **HUNTER, PAULETTE**  
 STREET ADDRESS: **501 NW 24 AVE**  
 CITY-ST-ZIP: **POMPANO BEACH FL 33069**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: **VD**  Delete  
 NAME: **MILLER, IRA**  
 STREET ADDRESS: **408 NW 16 AVE.**  
 CITY-ST-ZIP: **POMPANO BEACH FL 33069**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: **SD**  Delete  
 NAME: **JOHNSON, LAJUANE**  
 STREET ADDRESS: **558 KATHY COURT**  
 CITY-ST-ZIP: **MARGATE FL 33068**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: **M**  Delete  
 NAME: **RUISE, SANDRA**  
 STREET ADDRESS: **2410 NW 6 ST**  
 CITY-ST-ZIP: **POMPANO BEACH FL 33069**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: **D**  Delete  
 NAME: **JOHNSON, RYAN**  
 STREET ADDRESS: **180 NW 25 AVE**  
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33312**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

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:

Lajuane Johnson

5-2-02

Date

Daytime Phone #

CR2E037 (9/01)