

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90204 009 \*\*\*\*61.25

**DOCUMENT # N96000003594**



1. Entity Name  
**FIRST UNITED SMALL PRINT HOLINESS, INC.**

Principal Place of Business <b>% PAUL MOSS PRESIDENT 5410 NW 14 AVE MIAMI FL 33142</b>	Mailing Address <b>% PAUL MOSS PRESIDENT 5410 NW 14 AVE MIAMI FL 33142</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0760916</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent  
**MILES, RALPH F ESQ  
120 NW 41ST ST  
HIALEH FL 33127**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MOSS, PAUL</b>	
STREET ADDRESS	<b>120 NW 41ST ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LOVE, EDDIE</b>	
STREET ADDRESS	<b>15720 NW 27TH COURT</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MOSS, MARY</b>	
STREET ADDRESS	<b>120 NW 41ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CLEVELAND, JOHNNY</b>	
STREET ADDRESS	<b>3130 SW 48TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOVE, GERTRUDE</b>	
STREET ADDRESS	<b>15720 NW 27TH COURT</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED PAUL MOSS 4 - 21.03.696,0236**

CR2E037 (10/02)