

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003637

1. Entity Name

APOSTLE FAITH CHURCH OF MIRACLES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90217 039 ****70.00

Principal Place of Business

8160 NW 14TH AVE
MIAMI FL 33147

Mailing Address

8160 NW 14TH AVE
MIAMI FL 33147-5218

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0691275

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PACE, HENRIETTA J
2458 N.W. 57TH STREET
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name Viola Brinkley

Street Address (P.O. Box Number is Not Acceptable)
8160 NW 14th Ave.

City Miami,

FL

Zip Code
33147

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

Viola Brinkley (VIOLA BRINKLEY-VDS)

4/06/00

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	P	<input type="checkbox"/> Delete
NAME	BRINKLEY, VAN	
STREET ADDRESS	8160 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	BRINKLEY, VIOLA	
STREET ADDRESS	8160 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COPPA, OPHELIA	
STREET ADDRESS	2374 N.W. 93RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, CLARA	
STREET ADDRESS	1815 N.W. 88TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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:

Viola Brinkley (VAN BRINKLEY-P)

04/06/00

(305) 691-6484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)