2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9600005882 FILED 1. Entity Name DELIVERANCE RESTORATION AND MIRACLE MINISTRIES, 01 SEP 26 AH 7: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4625 NW 180 STREET PO BOX 381677 MIAMI FL 33238 OPA LOCKA FL 33055 2. Principal Place of Business 3. Mailing Address 541-5W-113 P.O. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0710739 DEMbroke Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERROL HALL Street Address (P.O. Box Number is Not Acceptable) SHAW, JOAN 4930 S.W. 151 TERRACE 541 SW 113 MIRAMAR FL 33027 s stadement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity subm SIGNATURE e of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. **PSD** TITLE ☐ Delete TITLE Addition HALL, ERROL D REV. NAME NAME 200004623822 9225 N. MIAMI AVENUE STREET ADDRESS STREET ADDRESS -10/04/01--01064--012 CITY-ST-ZIP MIAMI SHORES FL 33150 CITY-ST-ZIP ******61.25 ✓ Delete TITLE TITLE WRIGHT, ERROL J NAME NAME 9225 N. MIAMI AVENUE STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33150 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GUTHRIE, ALBERT REV. NAME NAME 9225 N. MIAMI AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33150 TITLE ☐ Addition ☐ Delete TITLE HALL, KAREN HALL, KAREN NAME NAME wan N. MIAMI AVE 9225 N. MIAMI AVENUE STREET ADDRESS STREET ADDRESS TIAMI SHOLES FL 33150 CITY-ST-ZIP MIAMI SHORES FL 33150 CITY-ST-ZIP ☐ Delete ☐ Channe □ Addition TITLE TITLE SHAW, JOAN NAME NAME 9225 N. MIAMI AVENUE STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33150 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a property of 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 factor of 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 factor of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true.

SIGNATURE:

(954-430-1218)