

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000005

1. Entity Name

SOUTHERN GOSPEL TEAM (USA), INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90072 030 ****61.25

Principal Place of Business

1725 N.W. 108TH AVENUE
PEMBROKE PINES FL 33026

Mailing Address

1725 N.W. 108TH AVENUE
PEMBROKE PINES FL 33026-2273

2. Principal Place of Business

11720 S.W. 121 AVE

Suite, Apt. #, etc.

3. Mailing Address

11720 S.W. 121 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0726377

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRITCHEY, CALVIN

1725 N.W. 108TH AVENUE

PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

PAUL THAYIL

Street Address (P.O. Box Number is Not Acceptable)

11720 S.W. 121 AVE

City

MIAMI

FL

Zip Code

33186

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

Signature PAUL THAYIL PRESIDENT/TREASURER/DIRECTOR

4-18-00

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	FRITCHEY, CALVIN	
STREET ADDRESS	1725 N.W. 108TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THAYIL, PAUL	
STREET ADDRESS	11720 SW 121 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TITUS, JOHN T	
STREET ADDRESS	5385 NW 60 DR	
CITY-ST-ZIP	CORAL SPGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT/TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL THAYIL	
STREET ADDRESS	11720 S.W. 121 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES DONLOSE	
STREET ADDRESS	6240 W. FALCONS LEA DRIVE	
CITY-ST-ZIP	DAVIE, FL 33331	
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 PAUL THAYIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 (305) 778-1794

Date

Daytime Phone #

CR2E037 (9/99)