

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90080 046 ****61.25

DOCUMENT # N97000000005

1. Entity Name

SOUTHERN GOSPEL TEAM (USA), INC.

Principal Place of Business

Mailing Address

**11720 SW 121 AVE
 MIAMI FL 33186**

**11720 SW 121 AVE
 MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

1001 S.W. 100 TERR.

1001 SW 100 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PEMBROKE PINES, FL

PEMBROKE PINES FL

City & State

City & State

33025-3619 USA

33025-3619 USA

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0726377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THAYIL, PAUL
 11720 SW 121 AVE
 MIAMI FL 33186**

**1001 S W 100 TERRACE
 PEMBROKE PINES
 FL 33025-3619**

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

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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **THAYIL, PAUL**
 CITY-ST-ZIP **11720 SW 121 AVE
 MIAMI FL 33186**

TITLE ☒ Change ☐ Addition
 NAME **1001 S.W. 100 TERRACE**
 STREET ADDRESS **PEMBROKE PINES, FL 33025-3619**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **POULOSE, JAMES**
 CITY-ST-ZIP **6240 W FALGONS LEA DR
 DAVE FL 33331**

TITLE ☒ Change ☐ Addition
 NAME **811 MADISON PLACE CIRCLE**
 STREET ADDRESS **KERNERSVILLE, NC 27284**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **TITUS, JOHN T.**
 CITY-ST-ZIP **5385 NW 60 DR
 CORAL SPGS FL 33067**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THAYIL, PAUL President- 4/26/02 (954) 441-2256

CR2E037 (9/01)