

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an  
Secretary of State

02-08-2000 90170 011 \*\*\*\*61.25

DOCUMENT # N97000000626

1. Entity Name

ERNEST L. COBBS MINISTRIES (E.L.C.), INC.

Principal Place of Business

Mailing Address

81 BAHMAN AVENUE  
OPA LOCKA FL 33054  
US

81 BAHMAN AVENUE  
OPA LOCKA FL 33054-3007  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0728635

Applied  
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Ernest L. Cobbs

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

81 Bahman Avenue

Opa Locka

FL

Zip Code 33054

COBBS, ERNEST L  
1020 SW 96TH AVE  
PEMBROKE PINES FL 33025

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 PD  
NAME COBBS, ERNEST L  
STREET ADDRESS 81 BAHMAN AVENUE  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

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

TITLE SD  
NAME COBBS, ELLA W  
STREET ADDRESS 81 BAHMAN AVENUE  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

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

TITLE TD  
NAME BELL, AQUA  
STREET ADDRESS 2090 SERVICE ROAD  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE Ernest L. Cobbs

1/7/00

(305) 681-4427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #