

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90165 017 ****61.25

DOCUMENT # N97000000627

1. Entity Name

ELLA W. COBBS MINISTRIES (E.W.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

65-0728634

Zip

Country

Zip

Country

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

COBBS, ELLA W
1020 SW 96TH AVE
PEMBROKE PINES FL 33025

Name ELLA W. Cobbs

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

81 Bahman Avenue

City Opa Locka

FL

Zip Code 33054

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 print name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/00

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, ELLA W
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, ERNEST
STREET ADDRESS 81 BAHMAN AVENUE
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE TD
NAME WASHINGTON, CRAIG
STREET ADDRESS 81 BAHMAN AVENUE
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE D
NAME GRANT, ZERONIE N
STREET ADDRESS 8430 E DIXIE HWY
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ 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 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED

1/7/00

(305) 687-1050