

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002350

1. Entity Name

TRUE VINE PENTECOSTAL, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90044 046 ****70.00

Principal Place of Business

3234 N.W. 181ST STREET
CAROL CITY FL 33056
US

Mailing Address

3234 N.W. 181ST STREET
CAROL CITY FL 33056-3432
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0750728

Applied For

Not Applicable

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

BROWDY, JOHNNY III
1444 BISCAYNE BLVD.
SUITE 220
MIAMI FL 33132

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 PD ☐ Delete
NAME SMITH, CLIFFORD L
STREET ADDRESS 3234 N.W. 181ST ST
CITY-ST-ZIP MIAMI FL 33055

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

TITLE VD ☐ Delete
NAME SMITH, BESSIE M
STREET ADDRESS 3234 N.W. 181ST ST
CITY-ST-ZIP MIAMI FL 33055

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

TITLE VD ☒ Delete
NAME GRIMSLEY, ANGELA
STREET ADDRESS 3333 N.W. 18AST STREET
CITY-ST-ZIP CAROL CITY FL 33054

TITLE VD ☐ Change ☒ Addition
NAME Smith, Clifford L. Jr.
STREET ADDRESS 3233 n.w. 181 street
CITY-ST-ZIP Carol City, FL 33056

TITLE STD ☐ Delete
NAME SMITH, JOANNE
STREET ADDRESS 3233 N.W. 181ST STREET
CITY-ST-ZIP CAROL CITY FL 33056

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

TITLE TD ☒ Delete
NAME MCDONALD, TWILA
STREET ADDRESS 3500 N.W. 179TH STREET
CITY-ST-ZIP MIAMI FL 33056

TITLE TD ☐ Change ☒ Addition
NAME Armela BROWN
STREET ADDRESS 15770 n.w. 18th Place
CITY-ST-ZIP Opa-Locka, FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/00 305
620-4371

CP2E037 (9/99)