

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

04-17-2001 90078 040 ****61.25
 06-29-2001 90218 027 ****8.75

A0075474

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000003914

1. Entity Name

UNITED CHRISTIAN FELLOWSHIP OUTREACH, INC. (CP)

Principal Place of Business

4739 NW 183rd ST
 OPA LOCKA FL 33055
 US

Mailing Address

2001 nw 14th AVE
 MIAMI FL 33169
 US

2. Principal Place of Business

3. Mailing Address

1632 NE 148th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

65-0768300

Applied For

Not Applicable

Zip

Country

Zip

Country

33181

US

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

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 not 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HODGSON, ALLEN
 4739 NW 183rd ST
 OPA LOCKA FL 33055 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 QUINN, GLENN
 4739 NW 183rd ST
 OPA LOCKA FL 33055 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 DOWNS, KARLA
 4739 NW 183rd ST
 OPA LOCKA FL 33055 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HODGSON, JENELEE
 19255 NE 2nd AVE
 MIAMI, FL 33179 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MURRAY, T
 4739 NW 183rd ST
 OPA LOCKA FL 33055 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WAVER CAMPBELL
 441 NE 71st ST
 MIAMI FL 33138 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HOOKER, S SR
 20001 NW 14th AVE
 MIAMI FL 33169 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CASSANOVA, EUGENE
 20330 NW 36th AVE
 MIAMI, FL 33056 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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

GLENN QUINN 6/25/01 305-624-3784

Date

Daytime Phone #

CR2E037 (11/00)