

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000004420**

1. Entity Name

**AT YOUR SIDE YOKE BREAKING MINISTRY, INC.**

Principal Place of Business

10701 SW 216 ST., BAY 8  
GOULDS FL 33170

Mailing Address

10701 SW 216 ST., BAY 8  
GOULDS FL 33170-3106

2. Principal Place of Business

10701 SW 216 St Bay 8

3. Mailing Address

10701 SW St Bay 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GOULDS FLA.

City & State

GOULDS FLA.

Zip

33170

Country

USA

Zip

33170

Country

USA

4. FEI Number

65-0806869

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EVERETT, GLADYS  
11504 SW 226 ST.  
GOULDS FL 33170

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 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

TITLE **DP** ☐ Delete  
NAME **EVERETT, GLADYS**  
STREET ADDRESS **11504 SW 226 ST.**  
CITY-ST-ZIP **GOULDS FL 33170**

TITLE **DS** ☐ Delete  
NAME **ACKIES, DENA**  
STREET ADDRESS **15850 SW 108 PL**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DT** ☐ Delete  
NAME **CALLIE, EVELYN**  
STREET ADDRESS **14901 POLK ST**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90083 037 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037(9/99)