

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005810

1. Entity Name

CHRIST FAITH CHURCH OASIS MINISTRIES CENTER OF A

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90102 041 *****70.00

Principal Place of Business

3890 NW 167TH STREET
OPA-LOCKA FL 33054

Mailing Address

P.O. BOX 551636
OPA-LOCKA FL 33855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0787505

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSOKOYA, CORNELIUS
5641 WASHINGTON STR. #110H
HOLLYWOOD FL 33823

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

03-31-01

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 ☐ Delete
NAME D
STREET ADDRESS OSOKOYA, CORNELIUS A
CITY-ST-ZIP 634 NW 179TH STREET
MIAMI FL 33169

TITLE ☐ Delete
NAME D
STREET ADDRESS ADETH, FRANK
CITY-ST-ZIP 8217 NW 194TH TERR
MIAMI FL 33015

TITLE ☐ Delete
NAME D
STREET ADDRESS OKON, DAVID B
CITY-ST-ZIP 20440 NE 15TH AVE
N MIAMI BEACH FL 33179-5106

TITLE ☐ Delete
NAME D
STREET ADDRESS AINA, ALICE
CITY-ST-ZIP 7717 ALHAMBRA BLVD
MIRAMA FL 33023

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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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 REQUIRED

03-31-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000937

CR2E037 (10/00)