

FILED

May 30, 2001 8:00 am
Secretary of State

05-30-2001 90222 001 *****61.25
05-30-2001 90222 002 *****8.75

73860

2001 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # N97000007084

1. Entity Name

HARMONY AND UNITY FOR CHRIST INTERNATIONAL COVENANT

OUTREACH MINISTRY, INC.

Principal Place of Business

Mailing Address

3271 WEST BROWARD BOULEVARD
FORT LAUDERDALE FL 33311

3271 WEST BROWARD BOULEVARD
FORT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0803103

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE



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

LLOYD, FRANK
3651 NW 2ND ST
FT LAUDERDALE FL 33311

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	PO	☐ Delete
NAME	LLOYD, FRANK	
STREET ADDRESS	3651 NW 2ND ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE	VD	☐ Delete
NAME	JARON, LEFRAN	
STREET ADDRESS	4570 NW 70TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE	STD	☐ Delete
NAME	AARONDA, JACQUINTA	
STREET ADDRESS	3271 W BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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

4/2/01

Date

Daytime Phone #

CR2E037 (10/00)