

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90088 028 ****61.25

DOCUMENT # N98000000872

1. Entity Name

OSS MINISTRY INC.

Principal Place of Business

Mailing Address

13611 S.W. 73RD ST.
 MIAMI FL 33183

P.O. BOX 1593
 MIAMI FL 33144

D0137023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0817082

Applied For

Not Applicable

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

MOMPOINT, GUY R
13611 S.W. 73RD ST.
MIAMI FL 33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	DP	<input type="checkbox"/> Delete
NAME	MOMPOINT, GUY R	
STREET ADDRESS	3515 W ATLANTIC BLVD #1403	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TV	<input type="checkbox"/> Delete
NAME	MARTIN, GOMEZ	
STREET ADDRESS	3340 SW 44TH ST	
CITY-ST-ZIP	DAVIE FL 33312	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MOMPOINT, GUY-CLAUDE	
STREET ADDRESS	13611 SW 73RD ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TT	<input type="checkbox"/> Delete
NAME	BLAISE, ALIX	
STREET ADDRESS	3215 SW 52ND AVE #54	
CITY-ST-ZIP	PEMBROKE PARK FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Guy R. Mompoint* **GUY R. MOMPOINT**

9/8/2002

305-685-7723

CR2E037 (4/02)