

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90050 030 ****61.25

DOCUMENT # N98000001497

1. Entity Name

FAITHFUL DELIVERANCE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

769 N.W. 111TH ST.
 MIAMI FL 33169

769 N.W. 111TH ST.
 MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

769 N.W. 111 Street

769 N.W. 111 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0820681

Applied For

☒ Not Applicable

Zip

33169

Country

U.S.A

Zip

33169

Country

U.S.A

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

WALSH, MARIAN
 15221 NE 6TH AVE
 APT. A312
 NORTH MIAMI FL 33168

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DBS
 NAME GRAZZAL, WITHFIELD ☐ Delete
 STREET ADDRESS 13860 N.W. 2ND AVE.
 CITY-ST-ZIP MIAMI FL 33168

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

TITLE T.
 NAME GRAZZAL, FAYLN ☐ Delete
 STREET ADDRESS 13860 N.W. 2ND AVE.
 CITY-ST-ZIP MIAMI FL 33168

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

TITLE ST
 NAME WALSH, MARIAN ☐ Delete
 STREET ADDRESS 15221 NE 6 AVE #A312
 CITY-ST-ZIP MIAMI FL 33162

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 REQUIRED

01-10-02

305-688-5976

CR2E037 (9/01)