## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 24, 2002 8:00 am Secretary of State DOCUMENT # N98000002916 1. Entity Name 03-24-2002 90030 014 \*\*\*\*61.25 THE NEW JERUSALEM PRAYER MINISTRY, INC. Principal Place of Business Mailing Address 6025 N.W. 6TH COURT 6025 N.W. 6TH COURT MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business Mailing Address 472673 1,0, BOX 6033 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL FL MIAMI 65-0838735 MIAMI Not Applicable Country \$8.75 Additional 5.-Certificate of Status Desired - -- --33/27 u s A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERNARD, ANTHONY 16201 SW 95 AVENUE, SUITE 109 MIAMI FL 33157 City 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete Change Addition THOMPSON, EUGENE II NAME NAME STREET ADDRESS 6033 N.W. 6TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLAYTON, RUDOLPH NAME NAME STREET ADDRESS 13851 SW 282ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33033 Thompson, MARY SD 6033 NW 6th Court TITI S Delete TITLE **BROOKS, DENISE** NAME NAME STREET ADDRESS STREET ADDRESS 5421 S.W. 22ND STREET MIAM; FL 33127 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition THOMPSON, ROSALIE NAME NAME STREET ADDRESS 6033 N.W. 6TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

SIGNATURE: X audine Phanges on PRINEWIENE THOMPSON OR 3/15/02 305 756-173

changed, or on an attachment with an address, with all other like empowered