

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91350 023 ****66.25

DOCUMENT # N98000004408

1. Entity Name

FIRST ALLIANCE CHRISTIAN CHURCH, INC.

Principal Place of Business

6400 N.E. 2ND AVE.
 SUITE #1
 MIAMI FL 33138

Mailing Address

1626 NW 112 ST
 HOUSE
 MIAMI FL 33167

2. Principal Place of Business

6400 NE 2ND AVE

3. Mailing Address

1626 NW 112 ST

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

HOUSE

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

Zip

33138

Country

DADE

Zip

33167

Country

DADE

4. FEI Number

52-2151404

Applied For

Not Applicable

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

MENARD, JOSEPH H
 1626 N.W. 112 STREET
 MIAMI FL 33167

Name

None

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 ☐ Delete
 NAME D
 STREET ADDRESS MENARD, JOSEPH H
 CITY-ST-ZIP 1626 NW 112 ST
 MIAMI FL 33167

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS JOSEPH, ROSE M
 CITY-ST-ZIP 21131 NE 2ND AVE
 MIAMI FL 33179

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS JOSEPH, EMMANUEL L M
 CITY-ST-ZIP 21131 NE 2ND AVE
 MIAMI FL 33179

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

TITLE ☐ Delete
 NAME MT
 STREET ADDRESS FRANCOIS, ALTHONSE
 CITY-ST-ZIP 12220 SW 120 ST
 MIAMI FL 33101

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

TITLE ☐ Delete
 NAME M
 STREET ADDRESS PIERRE, DANIEL
 CITY-ST-ZIP 1685 NW 133 ST
 MIAMI FL 33167

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

TITLE ☐ Delete
 NAME C
 STREET ADDRESS ALMONORD, VERGNION D
 CITY-ST-ZIP 2220 NW 172 TERR
 MIAMI FL 33056

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 not empowered.

SIGNATURE:

JOSEPH H MENARD JOSEPH H. 2-26-01 (305) 687 9197
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)