2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR ERINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N98000004583 Jan 14, 2000 8:00 am **Secretary of State** TEMPLE ELOHIM, INC. 01-14-2000 90035 014 ****70.00 Principal Place of Business -Mailing Address 71 NORTHEAST 88TH STREET 71 NORTHEAST 88TH STREET MIAMI FL 33138 ~ MIAMI FL 33138-3043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0878075 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JEAN-BAPTISTE, MAURICE... 71 NORTHEAST 88TH STREET **MIAM! FL 33138** 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 FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TÜLE 4 21 - KG Delete TITLE **Change** ☐ Addition ONDS, JACQUELYNE 791 SW 74 TER NAME ST LEGER, JOSEPH NAME STREET ADDRESS STREET ADDRESS 71 NE 88 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** MAMI, Fl. ☐ Delete TITLE Change ☐ Addition OGDEN, JOHN P NAME. NAME STREET ADDRESS STREET ADDRESS 8200 SW 91 ST CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33156** TITLE ☐ Delete TITLE Change ☐ Addition NAME ATHOURISTE, MISELIE NAME STREET ADDRESS 1735 NE 147 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>miami FL 33181</u> TITLE ☐ Delete TITLE ÷ ~ - □ · Change · □ Addition-JEAN-BAPTISTE, MAURICE NAME STREET ADDRESS 71 NE 88 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 ☐ Delete Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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