

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90010 013 ****61.75

DOCUMENT # N98000005195

1. Entity Name

AGAINST DA GRAIN MINISTRIES, INC

Principal Place of Business

Mailing Address

**9331 SW 7th Ave.
Pembroke, Pines FL 33025**

**9331 SW 7th Ave.
Pembroke Pines, FL
33025**

2. Principal Place of Business

Same as Above

Suite, Apt. #, etc.

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

"

"

City & State

"

"

4. FEI Number

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

**Lamb, Cainon Renard
9331 SW 7th Ave.
Pembroke Pines, FL 33025**

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

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	P	<input type="checkbox"/> Delete
NAME	Lamb, Cainon	
STREET ADDRESS	9331 SW 7th Ave.	
CITY-ST-ZIP	Pembroke, Pines, FL 33025	
TITLE	V / S	<input type="checkbox"/> Delete
NAME	Williams, Richelle	
STREET ADDRESS	16206 NW 83rd Court	
CITY-ST-ZIP	Miami, FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	Crocket, Javar	
STREET ADDRESS	1505 West Tharpe St. #2321	
CITY-ST-ZIP	Tallahassee, FL 32303	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-00 **(305) 788-6730**

Date

Daytime Phone #

CR2E037 (9/99)