## 2002 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2002 8:00 am DOCUMENT # N98000005320 **Secretary of State** 1. Entity Name 02-21-2002 90155 015 \*\*\*\*61.25 MIAMI'S NEW LIFE INTERNATIONAL CHURCH, INC. Principal Place of Business Mailing Address 45. NE 125TH ST 815 NE 125TH ST MIAMI FL 33161 N MIAMI FL 33161 3. Mailing Address 2. Principal Place of Business 4601 NE DO NOT WRITE IN THIS SPACE Suite, Apt. Applied For City & State 4. FEI Number 59-3566022 MIAN Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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) PARRETT, DWIGHT 815 NE 125TH ST N MIAMI FL 33161 Zip Code the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this statement for SIGNATURE DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE ☐ Delete PARRETT, DWIGHT NAME NAME 4601 NE 167th ST STREET ADDRESS STREET ADDRESS 815 NE 125TH ST CITY-ST-ZIP CITY-ST-7IP N MIAMI FL 33161 Change TITLE ☐ Delete TITI.E ☐ Addition NAME PARRETT, FLORA K NAME STREET ADDRESS STREET ADDRESS 815 NE 125TH ST CITY: ST-2IP CITY-ST-ZIP N MIAMI FL 33161 ☐ enange ☐ Addition ☐ Delete TITLE TITLE NAME NAME RYMER, DIANN STREET ADDRESS STREET ADDRESS 815 NE 125TH ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME anderson, robert STREET ADDRESS STREET ADDRESS 815 NE 125TH ST 33055 CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 TITLE Change ☐ Addition ☐ Delete TITLE NAME BLAKE, IRENE NAME STREET ADDRESS STREET ADDRESS 815 NE 125TH ST

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

N MIAMI FL 33161

WADE, JOCELYN

815 NE 125TH ST

N MIAMI FL 33161

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNIATIZAMETTOURKOLULUM

☐ Delete

2/5/02

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☐ Addition

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