

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90186 019 \*\*\*\*70.00

**DOCUMENT # N990000000036**

1. Entity Name

**YESHUA LOVE MINISTRIS INC.**

Principal Place of Business

Mailing Address

**4062 TRENTON AVENUE  
 COOPER CITY FL 33026**

**4062 TRENTON AVENUE  
 COOPER CITY FL 33026-4925**

2. Principal Place of Business

**16658 GREENSEDGE CIR.**

Suite, Apt. #, etc.

**# 94**

City & State

**BONAVENTURE/WESTON, FL.**

Zip

**33326**

Country

**USA**

3. Mailing Address

**16658 GREENSEDGE CIRCLE**

Suite, Apt. #, etc.

**# 94**

City & State

**BONAVENTURE/WESTON, FL.**

Zip

**33326**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**15-0880799**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ XX

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, BEULAH M  
 4062 TRENTON AVENUE  
 COOPER CITY FL 33026**

7. Name and Address of New Registered Agent

Name

**BEULAH M. THOMAS**

Street Address (P.O. Box Number is Not Acceptable)

**16658 GREENS EDGE CIRCLE, #94**

City

**BONAVENTURE/WESTON, FL**

Zip Code

**33326**

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 **BEULAH M. THOMAS**

Signature, typed or printed name of registered agent and title if applicable.

*Beulah M. Thomas*

(NOTE: Registered Agent signature required when reinstating)

**02-16-00**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMAS, BEULAH M	
STREET ADDRESS	4062 TRENTON AVENUE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, JACQUELINE O	
STREET ADDRESS	195 NE 121 TERRACE	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WINDER, BEVERLIE	
STREET ADDRESS	221-02 119 AVENUE	
CITY-ST-ZIP	CAMBRIA HEIGHTS NY 11411	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BEULAH M.	
STREET ADDRESS	16658 GREENS EDGE CIR. #94	
CITY-ST-ZIP	BONAVENTURE/WESTON, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULETTE A. THARKUR	
STREET ADDRESS	4062 TRENTON AVENUE	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Beulah M. Thomas* **BEULAH M. THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-16-00 (954-385-0748)**

Date

Daytime Phone #

CR2E037 (9/99)