

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90004 046 \*\*\*\*70.00

DOCUMENT # N990000000074

1. Entity Name

UNITY DELIVERANCE CENTER, INC.

Principal Place of Business

Mailing Address

6890 SW 36 STREET  
 MIRAMAR FL 33023

6890 SW 36 STREET  
 MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

6890 SW 36 ST  
 Suite, Apt. #, etc.

6890 SW 36 ST  
 Suite, Apt. #, etc.

City & State

City & State

Miramar FL

Miramar FL

Zip  
 33023

Country

Zip

Country

4. FEI Number

65-0861270

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

FRASER-LANE, MELORINE  
 6890 SW 36 STREET  
 MIRAMAR FL 33023

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

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 D  
 NAME FRASER-LANE, MELORINE  
 STREET ADDRESS 6890 SW 36 STREET  
 CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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

TITLE D  
 NAME FRASER, MICHAEL  
 STREET ADDRESS 6890 SW 36 STREET  
 CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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

TITLE D  
 NAME FRASER, ROBERT  
 STREET ADDRESS 6890 SW 36 ST  
 CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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

TITLE D  
 NAME BYFIELD, MAXINE  
 STREET ADDRESS 3615 SW 52 AVE #C-105  
 CITY-ST-ZIP HOLLYWOOD FL 33022 ☐ Delete

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

TITLE S  
 NAME FRASER, JACINTH  
 STREET ADDRESS 6590 SW 36 ST  
 CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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

TITLE D  
 NAME PAULINE, NICHOLS  
 STREET ADDRESS 5714 SW 38 ST  
 CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

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

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

0033375

CR2E037 (10/00)

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DO NOT WRITE IN THIS SPACE