

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000457

1. Entity Name

IMANI CHRISTIAN WORSHOP CENTER, INC.

Principal Place of Business

4440 NORTHWEST 37TH STREET
LAUDERDALE LAKES FL 33319

Mailing Address

4440 NORTHWEST 37TH STREET
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

Mary Owens-Baith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 2, 2001

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 PD
NAME BAAITH, RASHEED Z REV.
STREET ADDRESS 4440 NORTHWEST 37TH STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE VD
NAME ABRAMS-BAAITH, MARY L
STREET ADDRESS 4440 NORTHWEST 37TH STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE STD
NAME CRAWLEY, ROBERT
STREET ADDRESS 3309 NW 9TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE STD
NAME Crowley, Robert
STREET ADDRESS 1142 NW 17th St.
CITY-ST-ZIP Fort Lauderdale FL 33311 ☒ Change ☐ Addition

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

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

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:

Mary Owens-Baith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90317 002 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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