

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001558

1. Entity Name

CHRISTIAN CRUSADING FOR BETTER HOUSING, INC.

Principal Place of Business

Mailing Address

20000 NW 15 AVE
MIAMI FL 33169

20000 NW 15 AVE
MIAMI FL 33169-2734

2. Principal Place of Business

20000 NW 15 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip 33169

Country DADU

Zip

Country

4. FEI Number

65-0904100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASON, WILBERT
20000 NW 15 AVE
MIAMI FL 33169

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

Signature, typed or printed name of registered agent and (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

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"/> 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 D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilbert Cason, P/C
STREET ADDRESS	20000 N.W. 15 Ave
CITY-ST-ZIP	MIAMI, FL 33169
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Cason
STREET ADDRESS	20000 N.W. 15 Ave
CITY-ST-ZIP	MIAMI, FL 33169
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beatrice M. Walker
STREET ADDRESS	1804 Rosquet Ct.
CITY-ST-ZIP	N. Lauderdale, FL 33068
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Worrell
STREET ADDRESS	1810 ISLAND DR
CITY-ST-ZIP	MIAMI, FL 33023
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)(l), 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

Date

Daytime Phone #

4/12/00

305-657-9797

CR2E037 (9/99)