

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001558

1. Entity Name

CHRISTIAN CRUSADING FOR BETTER HOUSING, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90260 010 ****61.25

Principal Place of Business

Mailing Address

20000 NW 15 AVE
MIAMI FL 33169

20000 NW 15 AVE
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0904100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASON, WILBERT
20000 NW 15 AVE
MIAMI FL 33169

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's 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 | <input type="checkbox"/> Delete |
| NAME | CASON, WILBERT | |
| STREET ADDRESS | 2000 NW 15 AVE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | DVT | <input type="checkbox"/> Delete |
| NAME | CASON, GLORIA | |
| STREET ADDRESS | 2000 NW 15 AVE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALKER, BEATRICE M | |
| STREET ADDRESS | 1804 RACQUET CT | |
| CITY-ST-ZIP | N LAUDERDALE FL 33068 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WORRELL, JOAN | |
| STREET ADDRESS | 1810 ISLAND DR | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # -

CR2E037 (9/01)