

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002097

1. Entity Name

RELIGIOUS REMEDIAL NONPROFIT CORPORATION

2

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90010 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3981 NW 170 ST.  
MIAMI FL 33055

Mailing Address

3981 NW 170 ST.  
MIAMI FL 33055

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

65-0959400

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

THOMAS, LEROY MR.  
3981 NW 170 ST.  
MIAMI FL 33055

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

LEROY THOMAS, PRESIDENT *Leroy Thomas*

9-4-00

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  
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P LEROY THOMAS 3981 NW 170 STREET MIAMI, FLORIDA 33055	
		S/D NICOLE WILSON 3981 NW 170 STREET MIAMI, FLORIDA 33055	
		T/D GEORGETTE WILSON 3981 NW 170 STREET MIAMI, FLORIDA 33055	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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 *Leroy Thomas* LEROY THOMAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-00 (305) 625-5712  
Date Daytime Phone #

CR2E037 (5/00)