

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90635 035 \*\*\*\*61.25

**DOCUMENT # N99000003585**

1. Entity Name

**HARVEST & WORSHIP MINISTRIES, INC.**

Principal Place of Business

Mailing Address

350 N. SEABOARD RD  
 MIAMI FL 33169

350 N. SEABOARD RD  
 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

**65-0927984**

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

**LAVAN, DANIEL**  
**8126 NW 162ND ST**  
**MIAMI FL 33016**

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          | PD                  | <input type="checkbox"/> Delete |
| NAME           | LAVAN, DANIEL       |                                 |
| STREET ADDRESS | 8126 NW 162ND ST    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33106      |                                 |
| TITLE          | STD                 | <input type="checkbox"/> Delete |
| NAME           | MILLER, LESLIE      |                                 |
| STREET ADDRESS | 6881 NW 45TH COURT  |                                 |
| CITY-ST-ZIP    | LAUDERHILL FL 33319 |                                 |
| TITLE          | VD                  | <input type="checkbox"/> Delete |
| NAME           | LAVAN, CAROLYN      |                                 |
| STREET ADDRESS | 8126 NW 162ND ST    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33016      |                                 |
| 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"/> Change <input type="checkbox"/> Addition            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          | STD             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Miller, Leslie  |  |
| STREET ADDRESS | 2655 NW 155th   |  |
| CITY-ST-ZIP    | Miami, FL 33064 |  |
| 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    |                 |  |
| 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

(305) 651-5500

Date

Phone #

CR2E037 (9/01)