

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000005795

1. Entity Name

GLORY TO GOD MINISTRIES INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-24-2000 90086 031 ****61.25

Principal Place of Business

Mailing Address

412 NW 47TH ST.
MIAMI FL 33127

412 NW 47TH ST.
MIAMI FL 33127-2451

2. Principal Place of Business

3. Mailing Address

PO Box 472515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fl. 33247-2515

4. FEI Number

65-0954592

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

WEECH, STEPHEON
412 NW 47TH ST.
MIAMI FL 33127

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

TITLE	P/C	<input type="checkbox"/> Delete
NAME	K. Stepheon Weech D	
STREET ADDRESS	1800 NE 187st.	
CITY-ST-ZIP	North-Miami, Fl. 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	Alexander Smalls D	
STREET ADDRESS	403 NW 44st.	
CITY-ST-ZIP	Miami, Fl. 33127	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	Quinton McQueen D	
STREET ADDRESS	441 NW 19st Apt. 234	
CITY-ST-ZIP	Miami, Fl. 33125	
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	<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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stepheon Weech

4-18-2000

(305)-751-0470

Date

Daytime Phone #

CR2E037 (9/99)