

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90067 041 ****61.25

DOCUMENT # N99000006232

1. Entity Name

UNITED BODY OF JESUS CHRIST INC.

Principal Place of Business

1061 NE 153 TERRACE
 MIAMI FL 33161

Mailing Address

1061 NE 153 TERRACE
 MIAMI FL 33162-5834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0958856

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

JOHNSON, KELLY
 1061 NE 153 TERRACE
 MIAMI FL 33161

Name **Kerrin Kelly Johnson**

Street Address (P.O. Box Number is Not Acceptable)

1061 NE 153 Terrace

City **N. Miami FL**

FL

Zip Code **33161**

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

Kerrin Kelly Johnson

4-28-00

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

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 **DP** ☐ Delete
 NAME **JOHNSON, KERRIN K**
 STREET ADDRESS **1061 NE 153 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **LANG, BERNARD**
 STREET ADDRESS **8911 NW 5 STREET**
 CITY-ST-ZIP **PEMBROKE PINE FL 33024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** ☐ Delete
 NAME **JOHNSON, GERALDINE**
 STREET ADDRESS **1061 NE 153 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HARRIS, WILLIE**
 STREET ADDRESS **15201 NW 32 COURT**
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **IRVING, DONALD**
 STREET ADDRESS **15705 NW 37TH COURT**
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **JONES, WILLIE J**
 STREET ADDRESS **2261 NW 58 STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ 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)(f), 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:

Kerrin Kelly Johnson

Date

Daytime Phone #

CR2E037 (9/99)