

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006269

1. Entity Name

JOE GREEN OUT REACH MINISTRIES, INC.

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90352 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~111 NW 183RD STREET~~  
~~#304~~  
~~MIAMI FL 33169~~

~~111 NW 183RD STREET~~  
~~#304~~  
~~MIAMI FL 33169~~

2. Principal Place of Business

7751 MIRAMAR PKWY.

3. Mailing Address

7751 MIRAMAR PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL.

City & State

MIRAMAR FL.

4. FEI Number

65-0953959

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

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

GARNER, DELORES K  
 481 ATLANTIC AVENUE  
 CORAL CITY FL 33055

Name

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

781 ATLANTIC AVE

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 ☐ Delete  
 NAME D  
 STREET ADDRESS GREEN, JOE  
 CITY-ST-ZIP 15330 W DIXIE HWY  
 N MIAMI FL 33162

TITLE ☐ Change ☒ Addition  
 NAME LATOYA KEITH  
 STREET ADDRESS 410 N.W. 21451 #101  
 CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GREEN, JOE  
 CITY-ST-ZIP 15330 W DIXIE HWY  
 N MIAMI FL 33162

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

TITLE ☒ Delete  
 NAME WILLIAMS, RICHARD  
 STREET ADDRESS 15330 W DIXIE HWY  
 CITY-ST-ZIP N MIAMI FL 33162

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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)(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

Latoya Keith  
 4/30/02 (954) 989-1227

Date

Daytime Phone #

CR2E037 (9/01)