

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006376

1. Entity Name

LOVING ARMS BY FAITH MINISTRIES, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90208 021 \*\*\*\*70.00

Principal Place of Business

Mailing Address

PO BOX 693313  
 MIAMI FL 33169

PO BOX 693313  
 MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

PO Box  
 Suite, Apt. #, etc.  
 695529

PO Box  
 Suite, Apt. #, etc.  
 695529

City & State  
 Miami FL

City & State  
 Miami FL

Zip Country  
 33269 Miami, Dade

Zip Country  
 33269 Miami FL

4. FEI Number 65-0958813

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

LATIMORE, FAY MARIE  
 1820 NW 172ND TERR.  
 OPA LOCKA FL 33056

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 D ☐ Delete  
 NAME LATIMORE, FAY MARIE  
 STREET ADDRESS 1820 NW 172ND TERR.  
 CITY-ST-ZIP MIAMI FL 33056

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

TITLE D ☐ Delete  
 NAME KEMP, ANNIE KATE  
 STREET ADDRESS 2460 NW 168TH ST.  
 CITY-ST-ZIP MIAMI FL 33056

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

TITLE D ☐ Delete  
 NAME LONG, KLAUTRELLE S  
 STREET ADDRESS 17300 NW 32ND AVE.  
 CITY-ST-ZIP MIAMI FL 33056

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 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)(l), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 305 624-5893

CR2E037 (10/00)