

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90002 048 \*\*\*\*70.00

**DOCUMENT # N99000006502**

1. Entity Name

**PARADISE WORSHIP CENTER, INC.**

*P*

Principal Place of Business

Mailing Address

18800 NW 2 AVE ROOM 207A  
 MIAMI FL 33169

18800 NW 2 AVE ROOM 207A  
 MIAMI FL 33169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18982 N.W. 2<sup>nd</sup> Ave  
 Suite, Apt. #, etc.

18982 N.W. 2<sup>nd</sup> Ave  
 Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

Country

33169 Dade

Zip

Country

33169 Dade

4. FEI Number

65-0891403

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

Name

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

City

FL

Zip Code

JOSEPH, ORNALD D  
 18800 NW 2 AVE ROOM 207A  
 MIAMI FL 33169

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**

**After September 13, 2000 min. will be \$236.25**

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	JOSEPH, ORNALD D	
STREET ADDRESS	5960 NW 186 STREET #308	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOSEPH, SUZETTE	
STREET ADDRESS	5960 NW 186 STREET #308	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HUGGINS, KEPTRINE	
STREET ADDRESS	5960 NW 186 STREET #308	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DASENT, WILMA A	
STREET ADDRESS	20157 NW 36 AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MUREEN J	
STREET ADDRESS	1950 NW 184 STREET	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/00 (305) 623-9644

CR2E037 (5/00)