

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90075 012 \*\*\*\*70.00

**DOCUMENT # N99000006502**

1. Entity Name

**PARADISE WORSHIP CENTER, INC.**



Principal Place of Business

**18982 N.W 2ND AVE  
MIAMI FL 33169**

Mailing Address

**18982 N.W 2ND AVE  
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **JOSEPH, ORNALD D**  
STREET ADDRESS **5960 NW 186 STREET #308**  
CITY-ST-ZIP **HIALEAH FL 33015**

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

TITLE **STD** ☐ Delete  
NAME **JOSEPH, SUZETTE**  
STREET ADDRESS **5960 NW 186 STREET #308**  
CITY-ST-ZIP **HIALEAH FL 33015**

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

TITLE **CD** ☐ Delete  
NAME **HUGGINS, KEPTRINE**  
STREET ADDRESS **5960 NW 186 STREET #308**  
CITY-ST-ZIP **HIALEAH FL 33015**

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

TITLE **VD** ☒ Delete  
NAME **DASENT, WILMA A**  
STREET ADDRESS **20157 NW 36 AVE**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Mathias Torres**  
STREET ADDRESS **8469 South Hampton Drive**  
CITY-ST-ZIP **miramar, Florida 33025 33025**

TITLE **SD** ☐ Delete  
NAME **WILLIAMS, MUREEN J**  
STREET ADDRESS **1950 NW 184 STREET**  
CITY-ST-ZIP **MIAMI FL**

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)(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: **ORNALD D JOSEPH** 4-27-03 (305) 623-9644

CR2E037 (10/02)