

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000007515**

1. Entity Name

DEVEAUX MINISTRIES, INC.**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90030 044 ****75.00

0073183

Principal Place of Business

Mailing Address

**10710 S.W. 222ND DR.
MIAMI FL 33170****10710 S.W. 222ND DR.
MIAMI FL 33170**

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 **65-0984221**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DEVEAUX, GLENROY
10710 S.W. 222ND DR.
MIAMI FL 33170**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☒**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEVEAUX, GLENROY	
STREET ADDRESS	10710 S.W. 222ND DR.	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVEAUX, TIMOTHY	
STREET ADDRESS	16100 S.W. 102ND AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVEAUX, DENICE	
STREET ADDRESS	10710 S.W. 222ND DR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETHEL, YVONNE	
STREET ADDRESS	751 N.W. 74TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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		

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

Date

Daytime Phone #

3.11.02 305-255-7798

CR2E037 (9/01)