

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90667 041 ***150.00

DOCUMENT # P00000013518

1. Entity Name
RHEMA PUBLISHING, INC.



Principal Place of Business
350 N. SEABOARD ROAD
MIAMI FL 33169

Mailing Address
350 N. SEABOARD ROAD
MIAMI FL 33169

20725 N.E 16 Ave



2. Principal Place of Business

3. Mailing Address

20725 N.E 16 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number 65-0987757

Applied For

Not Applicable

Zip 33179

Country

Zip

Country

Dade

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

LAVAN, DANIEL
350 N. SEABOARD ROAD
MIAMI FL 33169

Name LAVAN, DANIEL
Street Address (P.O. Box Number is Not Acceptable)

20725 N.E 16 Ave A-3

City Miami FL

FL

Zip Code 33179

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LAVAN, DANIEL
STREET ADDRESS 8126 NW 162ND STREET
CITY-ST-ZIP MIAMI FL 33016

TITLE LAVAN, DANIEL ☒ Change ☐ Addition
NAME 20725 N.E 16 Ave A-3
STREET ADDRESS Miami FL 33016
CITY-ST-ZIP

TITLE V ☒ Delete
NAME HARRISON, TEKEL
STREET ADDRESS 1320 NW 174TH ST
CITY-ST-ZIP MIAMI FL 33169

TITLE EMIL MAYNARD ☒ Change ☐ Addition
NAME 20725 N.E 16 Ave A-3
STREET ADDRESS Miami FL 33016
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

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 607, 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 file empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-03

Date

Daytime Phone #

CR2E034 (10/02)