

# 2021 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90026 039 \*\*\*158.75

DOCUMENT # P000000041339

1. Entity Name

Nehemiah 3 Financing, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3648 E Industrial Way

3. Mailing Address

P.O. Box 680043

Suite, Apt. #, etc.

# 39

Suite, Apt. #, etc.

City & State

Riviera Beach FL

City & State

Miami FL

4. FEI Number

65-1000786

Applied For

Not Applicable

Zip

33404

Country

USA

Zip

33168

Country

USA

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

Ayesha McClain  
 3648 E Industrial Way #39  
 Riviera Beach FL 33404

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

*Ayesha McClain*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/01

DATE

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Ayesha McClain	
STREET ADDRESS	3648 E Industrial Way #39	
CITY - ST - ZIP	Riviera Beach FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Everett, Patricia	
STREET ADDRESS	2787 NW 194 Terr	
CITY - ST - ZIP	Miami FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Martin, Linda	
STREET ADDRESS	3835 NW 185 Terr	
CITY - ST - ZIP	Miami FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Sharif, Rasheedah	
STREET ADDRESS	2045 NW 71 St	
CITY - ST - ZIP	Miami FL 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Ingram-Johnson, Tirzah	
STREET ADDRESS	3800 NW 171 Terr	
CITY - ST - ZIP	Miami FL 33056	
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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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:

*Ayesha McClain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/01 954-983-5392

Date

Daytime Phone