

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042815

1. Entity Name  
COVENANT INITIATIVES, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90982 029 \*\*\*150.00

Principal Place of Business  
9314 SOUTHWEST 172ND TERRACE  
MIAMI FL 33157

Mailing Address  
9314 SOUTHWEST 172ND TERRACE  
MIAMI FL 33157

2. Principal Place of Business  
9981 CARIBBEAN BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
9981 CARIBBEAN BLVD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI FL.	City & State MIAMI FL.	4. FEI Number 65-1005135	Applied For Not Applicable
Zip 33189	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name: JOSEPH H. HODGES Street Address (P.O. Box Number is Not Acceptable): 9981 CARIBBEAN BLVD City: MIAMI FL Zip Code: 33189
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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: DATE: 01-23-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HODGES, JOSEPH H STREET ADDRESS 9314 SOUTHWEST 172ND TERRACE CITY-ST-ZIP MIAMI FL 33157	<input type="checkbox"/> Delete	TITLE P NAME HODGES, JOSEPH H STREET ADDRESS 9981 CARIBBEAN BLVD CITY-ST-ZIP MIAMI, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HODGES, ROBERT I STREET ADDRESS 9314 SOUTHWEST 172ND TERRACE CITY-ST-ZIP MIAMI FL 33157	<input type="checkbox"/> Delete	TITLE V NAME HODGES, ROBERT I STREET ADDRESS 9981 CARIBBEAN BLVD CITY-ST-ZIP MIAMI FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME HODGES, ESTHER E STREET ADDRESS 9314 SOUTHWEST 172ND TERRACE CITY-ST-ZIP MIAMI FL 33157	<input type="checkbox"/> Delete	TITLE ST NAME HODGES, ESTHER E STREET ADDRESS 9981 CARIBBEAN BLVD CITY-ST-ZIP MIAMI FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 01-23-01 DAYTIME PHONE #: 305-259-5984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)