FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # P0000074818 **Secretary of State** PROVERBS 3 INVESTMENT CLUB, INC. 02-13-2001 90073 036 ***158.75 Principal Place of Business Mailing Address 7155 NW 17TH AVE., APT. 23 7155 NW 17TH AVE., APT, 23 0 4 4 1 1 0 MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State N X 65-1025139 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLENN R. MILLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 67 NE 168TH ST. N. MIAMI BCH FL 33162 City 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 \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. VICE-PRESIDENT TITLE Delete TITLE DAVIS. GLORIA NAME Nya smith 12233 5.W. 202 St. 7155 NW 17TH AVE., APT. 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP Miami, Fl.33177 TITLE 🔣 Delete TITLE Change Addition DONALDSON, CHRISTINA NAME NAME STREET ADDRESS 19561 NW 29TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition JENKINS, MARIE NAME NAME 20280 SW 122ND CT. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP **MIAMI FL 33177** TITLE Delete TITLE ☐ Change ☐ Addition MORLEY, JACQUELINE P NAME NAME STREET ADDRESS 1251 NE 108TH ST., APT. 514 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33161** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: