## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 21, 2002 8:00 am<sup>3</sup> Secretary of State P01000032487 DOCUMENT # 1. Entity Name THE ADVENT CHRISTIAN BOOK & BIBLE HOUSE, INC. 05-21-2002 91198 009 \*\*\*150.00 Mailing Address Principal Place of Business 2710 AZALEA AVENUE 2710 AZALEA AVENUE MIRAMAR FL 33025 MIRAMAR FL 33025 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State ity & State U I ami Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOSTEN, AVERIL Street Address (P.O. Box Number is Not Acceptable) 2710 AZALEA AVENUE MIRAMAR FL 33025 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition AVERIL HOSTEN TITLE TITLE ☐ Delete NAME 12207 SW 645. HOSTEN, AVERIL NAME STREET ADDRESS Pembroke Pines, FL 33025 2710 AZALEA AVENUE STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE NAME NAME RICHARDS, LOIS STREET ADDRESS STREET ADDRESS 401 SW 86TH AVE #207 CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIF TITLE Delete TITLE NAME HOSTEN, EUNICE NAME STREET ADDRESS STREET ADDRESS 2710 AZALEA AVENUE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 light empowered.