## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P97000071812 PRAISE THE LORD ANYHOW, CORP. 01-23-2001 90044 034 \*\*\*150.00 Principal Place of Business Mailing Address 30 NW 135 AVE 30 NW 135 AVE MIAMI FL 33182 MIAMI FL 33182 IVAULI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0775530 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NEGRIN, GLADYS** Street Address (P.O. Box Number is Not Acceptable) 30 NW 135 AVE MIAMI FL 33182 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change ☐ Addition NEGRIN, GLADYS M NAME NAME STREET ADDRESS 30 NW 135 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33182** TITLE ☐ Delete TITLE ☐ Change ☐ Addition **NEGRIN, IMAR** NAME NAME STREET ADDRESS 30 NW 135 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

**SIGNATURE** OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NEGRIN

changed, or on an attachment with an address, with all other like empowered