

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016400

1. Entity Name

LOVE /FAITH & DESTINY CORPORATION

Principal Place of Business

Mailing Address

18331 PINES BLVD SUITE 182
PEMBROKE PINES, FLORIDA 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0813801

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERSON, E J

Name E. J. ROBERSON

18331 PINES BLVD SUITE # 182

Street Address (P.O. Box Number is Not Acceptable)

18331 PINES BLVD ST# 182

PEMBROKE PINES, FLORIDA 33029

City PEMBROKE PINES

FL

Zip Code 33029

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ROBERSON EJ
STREET ADDRESS 18331 PINES BLVD ST# 182
CITY-ST-ZIP PEMBROKE PINES, FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 19 PM 1:26

CR2E034 (9/99)

10/18/00 (954) 816-7188

LOVE/FAITH & DESTINY INVESTMENT CORP

LOVE /FAITH & DESTINY INVESTMENT CORP

18331 PINES BLVD SUITE # 182

--- PEMBROKE PINES, FLORIDA

(954) 816-7188 FAX (954) 252-6048

-----DAYTIME NUMBER

COMPANY: FLORIDA DEPARMENT OF STATE

ATTN:

FROM: E.J. ROBERSON

Date: October 18, 2000

Comments

MY E-MAIL ADDRESS JANICEROBE@AOL

I NEVER RECIVED A RENWAL

THANKS

JANICE ROBERSON

