

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000002441

i. Entity Name

EAGLE MANAGEMENT OF FAITH, INC.

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90800 047 \*\*\*150.00

0246935

659154



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2805 EAST OAKLAND PARK BLVD SUITE 168 FORT LAUDERDALE, FL 33306	Mailing Address 2805 EAST OAKLAND PARK BLVD SUITE 168 FORT LAUDERDALE, FL 33306
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2. Principal Place of Business 1021 SOUTHWEST 11th COURT Suite, Apt. #, etc.	3. Mailing Address 1021 SOUTHWEST 11th COURT Suite, Apt. #, etc.
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City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33441	Country USA

4. FEI Number 65-0885438	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HORWITZ, WAYNE CPA  
3511 WEST COMMERCIAL BLVD  
SUITE 402  
FT. LAUDERDALE FL 33309

## 7. Name and Address of New Registered Agent

Name

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

City

FL 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

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, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, LINDELL Y. 2805 EAST OAKLAND PARK BLVD #168 FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANIELS, SHELDON 2805 EAST OAKLAND PARK BLVD #168 FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	321 COBBLESTONE TRAIL AVONDALE ESTATES, GA 30002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	1021 SOUTHWEST 11th COURT DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #