

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90288 001 ***361.25

DOCUMENT # P99000012904

1. Entity Name
COLOSSIANS KINDERCHURCH, INC.



Principal Place of Business
**6281 S.W. 156TH COURT
MIAMI FL 33193**

Mailing Address
**P O BOX 960490
MIAMI FL 33296**



2. Principal Place of Business

7201 15343 NW 2nd Av

3. Mailing Address

Suite, Apt. #, etc.

N. Miami

Suite, Apt. #, etc.

City & State

33169 Florida

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0911376**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADELEKE, PATRICK
6281 SW 156 CT
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name **Adeleke Patrick**

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

7201 SW 123 Place

City

Miami

FL

Zip Code

33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **ADELEKE, PATRICK**
STREET ADDRESS **6281 S.W. 156TH COURT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **P** ☐ Delete
NAME **ADELEKE, PATRICK**
STREET ADDRESS **6281 S.W. 156TH COURT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VPST** ☐ Delete
NAME **ADELEKE, MORENIKE**
STREET ADDRESS **6281 S.W. 156TH COURT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03

Date

(305) 588-0181

Daytime Phone #

CR2E034 (10/02)