

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/2

FILED

Jul 05, 2000 8:00 am
Secretary of State

04-26-2000 90194 005 ***150.00

DOCUMENT # P99000012910

R

1. Entity Name

PHILADELPHIA KINDERCHURCH, INC.

Principal Place of Business

Mailing Address

6281 S.W. 156TH COURT
MIAMI FL 33193

6281 S.W. 156TH COURT
MIAMI FL 33193-2809

2. Principal Place of Business

3. Mailing Address

P.O. Box 960490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

FL

Zip

Country

Zip

Country

33296

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEREBAY, LAYNE
888 S.E. 3RD AVE. STE. 400
FT. LAUDERDALE FL 33316

Name

PATRICK ADELEKE

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

6281 SW 156 CT

City

MIAMI

FL

Zip Code

33193

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 releasing)

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	ADELEKE, MARY	
STREET ADDRESS	6281 S.W. 156TH COURT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	P	<input type="checkbox"/> Delete
NAME	ADELEKE, PATRICK	
STREET ADDRESS	6281 S.W. 156TH COURT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

PATRICK ADELEKE

Date

Daytime Phone #

CH2E034 (9/99)