## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 09, 2000 8:00 am Secretary of State DOCUMENT # **P99000101775** KINGDOM GOSPEL MUSIC PUBLISHING, INC. 05-09-2000 90064 046 \*\*\*158.75 Principal Place of Business Mailing Address POST OFFICE BOX 540583 3147 NORTHWEST 66TH STREET OPA LOCKA FL 33054 MIAMI FL 33147 D0047055 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0962685 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CLINCH, SYLVIA D STREET ADDRESS 3147 NORTHWEST 66TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** ☐ Addition TITLE Change ☐ Delete NAME CLINCH, MARVIN T NAME STREET ADDRESS STREET ADDRESS 3147 NORTHWEST 66TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 ☐ Change ☐ Addition Delete TITLE TITLE NAME POITIER, MARCELL NAME STREET ADDRESS 3147 NORTHWEST 66TH STREET -- --STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33147 Change ☐ Addition Delete TITLE TITLE NAME MCRAY, NORCELL NAME STREET ADDRESS 3147 NORTHWEST 66TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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

SIGNATURE: Signature and typed on printed name of Signing Officer on Director Date Date Dayline Phone #