

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90129 047 \*\*\*\*70.00

**DOCUMENT # N98000007121**

1. Entity Name

**TABERNAACLE OF THE MOST HIGH INC.**

Principal Place of Business

6900 LANDINGS DRIVE #208  
 LAUDERHILL FL 33319

Mailing Address

6900 LANDINGS DRIVE #208  
 LAUDERHILL FL 33319

2. Principal Place of Business

6650 Landings DR.  
 Suite, Apt. #, etc.  
 108

3. Mailing Address

6650 LANDINGS DR.  
 Suite, Apt. #, etc.  
 108

City & State

Lauderhill FL

City & State

LAUDERHILL FL

4. FEI Number

65-0881135

Applied For

Not Applicable

Zip

33319-5084

Country

U.S.A

Zip

33319-5084

Country

U.S.A

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, DEBORAH  
 6400 LANDINGS DRIVE #208  
 LAUDERHILL FL 33319

PAUL, DEBORAH  
 6650 Landings DR. 108  
 LAUDERHILL FL  
 33319-5084

7. Name and Address of New Registered Agent

Name DEBORAH PAUL

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

6650 Landings DR. APT# 108

City LAUDERHILL FL Zip Code 33319

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

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAUL, EMANUEL	
STREET ADDRESS	4126 INVERRARY BLVD, UNIT 2810	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PAUL, DEBORAH	
STREET ADDRESS	4126 INVERRARY BLVD, UNIT 2810	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHARLTON, SHANESHIA	
STREET ADDRESS	505 W EVANSTON CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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: EMANUEL PAUL

9-4-02 954-485-0839

CR2E037 (4/02)