

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724863

1. Entity Name

KILLIAN PINES UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

10755 S.W. 112TH STREET
MIAMI FL 33176

10755 S.W. 112TH STREET
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1854296

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DE MARIA, ALBERT
11430 S.W. 114 COURT
MIAMI FL 33176

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME C ☐ Delete
STREET ADDRESS DEMARIA, ALBERT
CITY-ST-ZIP 11430 SW 114 CT
MIAMI FL 33176

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

TITLE NAME TR ☐ Delete
STREET ADDRESS RAY, SELDEN
CITY-ST-ZIP 10420 SW 107 ST
MIAMI FL 33176

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

TITLE NAME S ☐ Delete
STREET ADDRESS MARSHALL, CYNTHIA
CITY-ST-ZIP 9130 SW 118 ST
MIAMI FL 33176

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

TITLE NAME D ☒ Delete
STREET ADDRESS LEDUC, ALBERT
CITY-ST-ZIP 10321 SW 107 ST
MIAMI FL 33176

TITLE NAME D ☐ Change ☒ Addition
STREET ADDRESS Bob Waite
CITY-ST-ZIP 8440 SW 156 St
Miami FL 33157

TITLE NAME T ☐ Delete
STREET ADDRESS SARNACK, BOB
CITY-ST-ZIP 8130 SW 99 AVE
MIAMI FL 33173

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

TITLE NAME D ☐ Delete
STREET ADDRESS BRAMBLETT, CLYDE
CITY-ST-ZIP 18950 SW 136 ST
MIAMI FL

TITLE NAME ☐ Change ☐ Addition
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: *BOB SARNACK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2001 305 279 2249

Date

Daytime Phone #

CR2E037 (10/00)

0043570

C0045696



DO NOT WRITE IN THIS SPACE