## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 747814**

1. Entity Name NORTH MI	AMI BEACH CHURCH OF T	'HE NAZA	RENE	ļ.			2-1 /-2003 90214	014 ****61	.25
775 NE 164 TERR. 375 NE NO. MIAMI BCH. FL 33162 NO. MIA			iling Address NE 164 TERR. MIAMI BCH. FL 33162 Mailing Address						
Suite, Apt. #, etc. S		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State Ci			ity & State			3970300210			plied For t Applicable
Zip Country		Zip	Zip Co		intry	5. Certificate of State	tus Desired	\$8.75 Add Fee Required	itional
	6 Name and Address of Curren	t Registered	I Agent		Τ	7. Name and Addre	ess of New Registere	d Agent	
6. Name and Address of Current Registered Agent					Name				
MANGRU, SIMON D.				Street Address (P.O. Box Number is Not Acceptable)					
375 NE 164 TERRACE NO. MIAMI BCH. FL 33162						- Marin			
110. INIDANI DOTE 1 E COTOL			City				F	L Zip Code	•
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref.   NOTE: Ref.				npaign l	inancing	\$5.00 May Be Added to Fees		eck Payable artment of S	
	OFFICERS AND I	DIBECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10
NAME	OFFICERS AND D MANGRU, THEODORE 2103 NW 184TH WAY PEMBROKE PINES FL 33029	JIRECTORS	☐ Delete	TITU NAM STR	.E	Applicational	0 10 011102110 1112	☐ Change	Addition
TITLE NAME	D MONCRIEFFE, GLORIA 15510 NE 15 PLACE NORTH MIAMI BEACH FL 3316	2	☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS	D MONCRIEFFE DELORES 310 NE 165TH STREET		Delete		<b>I</b>			☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY ST-ZIP	N MIAMI BEACH FL TD HIMMELSBACH, SHELDON 78 NW 108 STREET	<u></u>	☐ Delete	TITI NA/ STF	LE			Change	Addition
TITLE NAME STREET ADDRESS	MIAMI FL 33150 PD MANGRU, SIMON D. 375 NE 164 TERRACE		☐ Delete	TIT NAI	LE			☐ Change	Addition

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

N. MIAMI BCH. FL.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

mon & Mangrey (SIMON D. MANGRU) 2.12.03 (305-947-5955)

☐ Change

Addition

**FILED** 

Feb 17, 2003 8:00 am Secretary of State