2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **759296** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name TAMIAMI BAPTIST CHURCH OF MIAMI, INC. 04-22-2000 90032 002 ****70.00 Principal Place of Business Mailing Address 860 S W 76 COURT 860 S W 76 COURT MIAMI FL 33144-4444 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2112954 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WINDSOR, CHARLES 12350 SW 39 TERR. **MIAMI FL 33175** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete 🔽 TITLE NAME MONTOYA, ROSA NAME STREET ADDRESS STREET ADDRESS 7994 GRAND CANAL DR CITY-ST-ZIP CITY-ST-ZIP Miami FL ☐ Change ☐ Addition TITLE D ☐ Delete TITLE WINDSOR, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 12350 SW 39 TERR CITY-ST-7IP CITY-ST-ZIP MIAMI FL Addition Delete Change TITLE TITLE MONTOYA, JAIME NAME STREET ADDRESS 7994 GRAND CANAL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change Addition TITLE NAME LAURIA, NICK NAME STREET ADDRESS STREET ADDRESS 1301 SW 73 PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Date

Daytime Phone #