

# 2002 UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90167 002 \*\*\*\*61.25

**DOCUMENT # 702758**  
 1. Entity Name  
**ADVENT LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA**

Principal Place of Business <b>10390 NE 2ND AVE MIAMI SHORES FL 33138</b>	Mailing Address <b>10390 NE 2ND AVE MIAMI SHORES FL 33138</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-6522047</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTSON, CHARLES**  
**10390 NE 2ND AVENUE**  
**MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ADEL, ARMAND</b>	
STREET ADDRESS	<b>8801 N MIAMI AVENUE</b>	
CITY-ST-ZIP	<b>EL PORTAL FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SEABERG, FREDERICK</b>	
STREET ADDRESS	<b>11339 NE 8TH COURT</b>	
CITY-ST-ZIP	<b>BISCAYNE PARK FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SEABERG, PENNY</b>	
STREET ADDRESS	<b>11339 NE 8TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRAUB, DORIS</b>	
STREET ADDRESS	<b>690 NE 93 STREET</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	<b>RS</b>	<input type="checkbox"/> Delete
NAME	<b>FORMAN, JEANETTE</b>	
STREET ADDRESS	<b>11339 N E 8TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
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		

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 *Charles A. Robertson* **CHARLES A. ROBERTSON** 01/27/02 (305) 757 2584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)