

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

0039567

**DOCUMENT # 706408**  
 1. Entity Name  
**MIAMI BEACH FIRST BAPTIST CHURCH, INC.**

01-23-2001 90127 004 \*\*\*\*70.00

Principal Place of Business <b>2816 SHERIDAN AVE MIAMI BEACH FL 33140</b>	Mailing Address <b>405 W 28TH ST MIAMI BEACH FL 33140</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number <b>59-0651075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**PLOTKIN, MICHAEL  
 1020 6TH STREET, #4  
 MIAMI BEACH FL 33139**

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

**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 NAME C O'NEIL, HUGH STREET ADDRESS 3515 SOUTHLAKE DRIVE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME VCT PLOTKIN, CINDY STREET ADDRESS 1020 6TH STREET, #4 CITY-ST-ZIP MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME D BUTT, JAMES STREET ADDRESS 465 OCEAN DRIVE #316 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME D PLOTKIN, MICHAEL STREET ADDRESS 1020 6TH STREET, #4 CITY-ST-ZIP MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME D BODIE, NEIL STREET ADDRESS 2655 COLLINS AVENUE #806 CITY-ST-ZIP MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

**SIGNATURE:** SIG. REQUIRED **1-10-2001** **305-538-3507**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP12E037 (10/00)