

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90674 050 ****70.00

DOCUMENT # 706408

1. Entity Name

MIAMI BEACH FIRST BAPTIST CHURCH, INC.



Principal Place of Business

**2816 SHERIDAN AVE
MIAMI BEACH FL 33140**

Mailing Address

**405 W 28TH ST
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0651075**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C**
NAME **O'NEIL, HUGH**
STREET ADDRESS **3515 SOUTHLAKE DRIVE**
CITY-ST-ZIP **MIAMI FL**
☐ Delete

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

TITLE **VCT**
NAME **PLOTKIN, CINDY**
STREET ADDRESS **1020 6TH STREET, #4**
CITY-ST-ZIP **MIAMI BEACH FL**
☐ Delete

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

TITLE **D**
NAME **BUTT, JAMES**
STREET ADDRESS **465 OCEAN DRIVE #316**
CITY-ST-ZIP **MIAMI BEACH FL 33139**
☐ Delete

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

TITLE **D**
NAME **PLOTKIN, MICHAEL**
STREET ADDRESS **1020 6TH STREET, #4**
CITY-ST-ZIP **MIAMI BEACH FL**
☐ Delete

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

TITLE **D**
NAME **BODIE, NEIL**
STREET ADDRESS **2655 COLLINS AVENUE #806**
CITY-ST-ZIP **MIAMI BEACH FL 33140**
☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

Michael Plotkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

MARCH 14, 2003

305-538-3507

CR2E037 (10/02)