2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

Feb 15, 2001 8:00 am DOCUMENT # 710426 Secretary of State 1. Entity Name FIRST UNITED METHODIST CHURCH OF MIAMI, INC. 02-15-2001 90212 001 ***122.50 Principal Place of Business Mailing Address 400 BISCAYNE BLVD. 400 BISCAYNE BLVD. 61619 MIAM! FL 33132 MIAM! FL 33132 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1141042 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARTER GUBREY Street Address (P.O. Box Number is Not Acceptable) VASQUEZ, CARLOS 400 BISCAYNE BLVD BISCAYNE BLUD **MIAMI FL 33132** MIAMI 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 (NOTE: Registered Agent signature required when reinstating Signature, typed or printed nar registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **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 11. 10. Addition Delete TITLE Change TITLE NAME DEVARONA, ROBERT NAME 10912 GRIPFING BLUD STREET ADDRESS STREET ADDRESS 400 BISCAYNE BLVD NOTH MIAMI, 30 23/6/ CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** TITLE ☐ Change ☐ Addition ☐ Delete TITLE SWEARINGER, VAN NAME NAME **400 BISCAYNE BLVD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cityest-zip **MIAMI FL 33132** 🔀 Delete ☐ Change Addition D TITLE TITLE RON SAMter WILSON, DOROTHY NAME NAME 1717 W. BAYSHORE Dr. A32 STREET ADDRESS STREET ADDRESS **400 BISCAYNE BLVD** かはゅっしょ きょうろく CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132 M** Delete TITLE ☐ Change ☐ Addition TITI F **HUTSON, MIRIAM** NAME NAME STREET ADDRESS STREET ADDRESS 400 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33132** Delete Change Addition TITLE TITLE OPAL WINEBRENNER VASQUEZ, CARLOS NAME NAME 5431 NW 167 ST STREET ADDRESS STREET ADDRESS 400 BISCAYNE BLVD CITY-ST-7IP OPA LOCKA FL. 33055 CITY-ST-7IP MIAMI FL TITLE Delete TITLE Change ☐ Addition CARTER, AUBREY NAME NAME STREET ADDRESS STREET ADDRESS 400 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** 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

FILED

Daytime Phone #