

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717429

1. Entity Name

NORTH MIAMI CHRISTIAN CHURCH, INC.

Principal Place of Business

405 NE 135TH ST
N. MIAMI FL 33161

Mailing Address

405 NE 135TH ST
N. MIAMI FL 33161-3722

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1489674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOZZA, PASQUALE
14605 N. E. 2ND AVE.
14605 N.E. 2ND. AVENUE
N. MIAMI FL 33161

Name
SAME

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOZZA, PASQUALE 14605 NW 2ND AVE. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONSUEGRA, MARY ELLEN 160 N.W. 120 ST. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRICHARRAN, MADHO 1235 NE 154 ST NMB FL 33162	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELLITTO, GAETANO 360-190 ST. GOLDEN SHORES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEBBAD, SAMI 19447 NW 28 PL. MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHENT, JANICE 8080 HAWTHORNE ST MIAMI BEACH FL 33141	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carmen Rodrigues 940 NE 147 St North Miami FL 33161	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Janice Ghent 7720 Tatum Waterway Dr Apt 2 Miami Beach FL 33141	☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90153 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

PASQUALE VOZZA
4-26-00-305-9444691