

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 28, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90290 016 \*\*\*\*61.25

**DOCUMENT # 719937**

1. Entity Name  
**MIAMI CITY MISSION, INC.**

Principal Place of Business      Mailing Address  
 1112 N MIAMI AVENUE      1112 N MIAMI AVENUE  
 MIAMI FL 33238      MIAMI FL 33238

772685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**225 CORAL RD.**      **225 CORAL ROAD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**ISLAMORADA, FL.**      **ISLAMORADA, FL.**  
 Zip      Country      Zip      Country  
**33036**           **33036**      **U.S.**

4. FEI Number      59-1403788      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ASH MCKINLEY**  
 1112 N. MIAMI AVE.  
 MIAMI FL 33136

7. Name and Address of New Registered Agent  
 Name      **MCKINLEY ASH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**225 CORAL ROAD**  
 City      **ISLAMORADA, FL**      Zip Code  
**33036**

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 *McKinley Ash*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **6/23/2001**

**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 STREET ADDRESS CITY-ST-ZIP	<b>PSD ASH, MCKINLEY 1112 N-MIAMI AVENUE MIAMI FL 33238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DALY, MICHAEL 191 N.E. 75TH ST., APT. 601 MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> <b>WEBBER, DANIEL 1900 SAN SOUCI BLVD. APT. 416 NORTH MIAMI FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MALLOY, MATT 3120 OAKLAND SHORE DR., D211 FT. LAUDERDALE FL 33309</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	<b>PSD (P) D ASH, MCKINLEY 225 CORAL ROAD ISLAMORADA, FL. 33036</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD (H) T</del> <b>WEBBER, DANIEL 1900 SAN SOUCI BLVD. APT. 416 NORTH MIAMI, FL. 33181</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD (S) T</del> <b>ERIC STEWART SMITH 218 LIGNUMVITAE DR. KEY LARGO, FL. 33037</b>	<input type="checkbox"/> Change <input checked="" 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 like empowered.

*McKinley Ash*