

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90038 046 ****69.25

DOCUMENT # 721991

1. Entity Name

MIAMI PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3801 NW 100TH ST
 CHURCH BLDG
 HOLLYWOOD FL 33024
 US

20801 SAN SIMEON WAY
 MIAMI FL 33179
 US

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

59-1756008

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

DRUMMOND, PAUL JR
 9999 NE 2ND AVE, RM 305
 MIAMI SHORES FL 33138

Name **DONALD J. KISSLAN**Street Address (P.O. Box Number is Not Acceptable) **4431 S.W. 64TH AVE.****DAVIE FLA. SUITE 119**

City

FL

Zip Code

33314

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

DONALD J. KISSLAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEBRUARY 18, 2002**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 **SD** ☐ Delete
 NAME **BAESSLER, FRED**
 STREET ADDRESS **1243 WEST 72 ST**
 CITY-ST-ZIP **HALEAH FL 33014**

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

TITLE **D** ☐ Delete
 NAME **ZEISIG, JUNE**
 STREET ADDRESS **1902 S.W. 97TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33025**

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

TITLE **TD** ☐ Delete
 NAME **OWENS, ELMO L**
 STREET ADDRESS **20801 SAN SIMEON WAY #205**
 CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **PD** ☐ Delete
 NAME **SUMMERFORD, H L**
 STREET ADDRESS **5607 S.W. 38 CT.**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

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

TITLE **VD** ☐ Delete
 NAME **CAVES, ALMA F**
 STREET ADDRESS **8421 THOMAS ST.**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Elmo L. Owens**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELMO L. OWENS**1/8/02**

Date

305 653-6445

Daytime Phone #

CR2E037 (9/01)