

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90062 036 \*\*\*\*70.00

**DOCUMENT # 729437**

1. Entity Name

**MT. SINAI MISSIONARY BAPTIST CHURCH OF OPA LOCKA**

*(Handwritten initials)*

Principal Place of Business <b>7730 NW 2 AVE MIAMI FL 33150</b>	Mailing Address <b>7730 NW 2 AVE MIAMI FL 33150</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-6558397</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent

**HOLMES, NATHANIEL G.  
2278 NW 98TH STREET  
MIAMI FL 33147**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	------------------------------------

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME PD MAYSHACK, LANE REV STREET ADDRESS 247 NW 58 ST. CITY-ST-ZIP MIAMI FL 33129	<input checked="" type="checkbox"/> Delete	
TITLE NAME SD LANE, RHONDA STREET ADDRESS 247 NW 58TH STREET CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME PD LANE, REV M STREET ADDRESS 247 NW 58TH STREET CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME D HODGE, BESSIE STREET ADDRESS 1860 NW 67 ST. CITY-ST-ZIP MIAMI FL	<input 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 NATHANIEL C HOLMES STREET ADDRESS 2278 NW 98 ST CITY-ST-ZIP MIAMI FL 33147 President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME Pauline Walker STREET ADDRESS 276 NW 59th St. CITY-ST-ZIP MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME Cassandra Foster STREET ADDRESS 5800 NW 3th Ave CITY-ST-ZIP MIAMI FL Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME Sylvester Leach Sr. STREET ADDRESS 1365 NW 196th Ter. CITY-ST-ZIP MIAMI FL 33055 D.	<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	

CR2E037 (10/00)

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 REQUIRED Nathaniel C. Holmes **5/14/01** **NATHANIEL C. HOLMES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **305-756-6789**