2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90018 023 ****61.25

DOCUMENT # 737901

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHA'IS OF CENTRAL DAD

Principal Place of Business	Mailing Address
~~9300 SOUTH DIXIE HWY.~~ ~~209~~ ~~MIAMI FL 33156~~ ~~US~~	P O BOX 560554 MIAMI FL 33116-5231 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6624(B) S.W 114 PLACE	P.O. BOX 165231
Suite, Apt. #, etc. ~~MIAMI, FLORIDA (B)~~	Suite, Apt. #, etc. ~~B~~
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33173 Country DADE	Zip 33116 Country DADE

4. FEI Number 65-0196354 ☐ 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
~~ROTH, MARTIN~~ ~~C/O 9300 S DIXIE HWY~~ ~~SUITE 209~~ ~~MIAMI FL 33156~~	Name FRANK SHEFFEY Street Address (P.O. Box Number is Not Acceptable) 6624-(B) S.W. 114TH PLACE MIAMI, FL-33173 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 Frank Sheffey
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	SD PICARRETO, PAULETTE 10800 SW 126 AVE MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PICCARRETO, ALDO 10800 SW 126 AVE MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VOJDANI, BIJAN 10560 SW 129TH CT MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHEFFEY, FRANK 6624 B SW 114TH PL MIAMI FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORES, DALE R 14760 SW 77 ST MIAMI FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 any address with all other like empowered.

SIGNATURE: Frank Sheffey FRANK SHEFFEY Feb 3, 2000 (305) 274-0332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #