

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

06-26-2002 90072 001 ****70.00

DOCUMENT # 738919

1. Entity Name

UNITARIAN UNIVERSALIST CONGREGATION OF MIAMI, IN C.

Principal Place of Business

Mailing Address

7701 S.W. 76 AVENUE
 MIAMI FL 33143

7701 S.W. 76 AVENUE
 MIAMI FL 33143

97620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0774186

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~JOSEPH SELVA - MARY ELIZABETH TAYLOR~~
 7701 SW 76 AVE
 MIAMI FL 33143

Name

Mary Elizabeth Taylor

Street Address (P.O. Box Number is Not Acceptable)

7011 Southwest 64th Court

City

South Miami

FL

Zip Code

33143

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

Mary Elizabeth Taylor, President

(NOTE: Registered Agent signature required when reinstating)

July 14, 2002

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	EVPD BOST, JOHN 231 SW 55 AVE MIAMI FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELVA, JOSEPH 14878 SW 139 PLACE MIAMI FL 33188	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILDOON, KELLEY 16500 SW 77 AVE MIAMI 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF CANABAL, FELIX 7835 SW 82 AVE MIAMI FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, BEN 10 PARACHUTE KEY, #124 HOMESTEAD FL 33034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCARTHUR, JANICE 12130 SW 107 AVE MIAMI FL 33176	<input type="checkbox"/> Delete →

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN ASGEIRSON 5510 SW 78 St. Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. MARY ELIZABETH TAYLOR 7011 SW 64 COURT MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasur LUCI FERRER 6700 SW 52 ST MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vpres Ed SAVARD 1238 South Fieldlark Lane Homestead, FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee DOROTHY MENADIER 7400 SW 82 CT #K-106 MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clark McArthur, Janice 12130 SW 107 AVE MIAMI FL 33176	<input checked="" 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.

SIGNATURE: Janice McArthur
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-2002 305-667-3697
 Date Daytime Phone #

CR2E037 (9/01)