FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jul 16, 2002 8:00 am **DOCUMENT # 742009** Secrétary of State 1. Entity Name 07-16-2002 90349 033 \*\*\*\*70 00 CHURCH OF THE FIRST BORN, INC. Principal Place of Business Mailing Address 2260 NW 183RD STREET 2260 NW 183RD STREET MIAMI FL 33056 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1603931 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLARKE, DONALD F REV 395 NE 154 ST MIAMI FL 33162 Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE (9/01) ☐ Addition CLARKE DONALD F. (REV) NAME STEWART, E. (REV.) NAME STREET ADDRESS 976 ERIE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>west hampstead ny</u> TITLE ☐ Delete TITLE Addition ☐ Change CLARKE HELGA 395 NE ISH STREET NAME CLARKE, DONALD F.(REV.) NAME STREET ADDRESS 395 NE 154 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP MIAMI AS D ☐ Delete Change ☐ Addition HARVEY HYGLIVE 1451 NW 180 TEXA NAME Williams, Byron E. NAME STREET ADDRESS 21011 NE 13TH PL STREET ADDRESS CITY-ST-ZIP MIAMILEL. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME HARVEY, HYGLIVE, D GOLDSON, ASTON 3500 NW 38 TEXA NAME STREET ADDRESS 2451 NW 180 TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP LAUDERDALE LAKES FL 33309 TITLE ☐ Delete TITLE Addition NAME WRAY, VICTOR 1754 NW 209 TEXLAGO GOLDSON, ASTON NAME STREET ADDRESS STREET ADDRESS 3500 NW 38 TERRACE CITY-ST-ZIP CITY-ST-ZIP Miami FL 33055 TITLE Delete TITLE ☐ Change Addition NAME TINGLIN, MICHAEL SAMPSON NAME STREET ADDRESS 1270 NW

12. I hereby certify that the information supplied with this filling 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 entrustee 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

8430 NW 8TH STREET

PEMBROKE PINES FL 33024

KE REGUIRED

J8/02 (30i) 620-2986