

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90229 006 \*\*\*\*70.00

**DOCUMENT # 754090**

1. Entity Name

**THE MIAMI ORATORIO SOCIETY, INC.**

Principal Place of Business

3550 N.W. 42ND STREET  
 LAUDERDALE LAKES FL 33309-4137

Mailing Address

3550 N.W. 42ND STREET  
 LAUDERDALE LAKES FL 33309-4137

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

**59-2514720**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTIAN, GLORIA**  
**3550 NW 42ND ST**  
**LAUDERDALE LAKES FL 33309**

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

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  Delete  
**AD**  
**STEIN, JULIAN**  
 STREET ADDRESS **7840 S W 86TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE NAME  Change  Addition  
*Eugene Greco AD*  
*4606 SW 63rd Terrace*  
*Miami Fla 33143*

TITLE NAME  Delete  
**PD**  
**CHRISTIAN, GLORIA**  
 STREET ADDRESS **3550 N.W. 42ND STREET**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309-4137**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**TD**  
**STEPHENSON, MAVIS**  
 STREET ADDRESS **7917 DILIDO BLVD.**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**S**  
**GIBSON, JACQUELYN**  
 STREET ADDRESS **18115 NW 19TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE NAME  Change  Addition  
*Hazel Gordon-McDermott*  
*4446 NW 42nd Terr. (S)*  
*Coconut Creek Fla. 33013*

TITLE NAME  Delete  
**PARD**  
**VAN-PUTTEN, PAUL**  
 STREET ADDRESS **2505 DAVIE BLVD**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VPD**  
**WINSOME, MILLER**  
 STREET ADDRESS **9850 SW 8TH ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE NAME  Change  Addition  
 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)(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:

*Christian*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DA-21-01 (95A) 486-9164  
 Date Daytime Phone #

CR2E037 (10/00)