

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90254 040 \*\*\*\*61.25

**DOCUMENT # N00000005159**

1. Entity Name

**NEW BEGINNING CHRISTIAN METHODIST EPISCOPAL CHUR**

Principal Place of Business

Mailing Address

**1200 ALIBABA  
 OPA LOCKA FL 33055**

**P. O. BOX 552339  
 OPA LOCKA FL 33055**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 552339**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**OPA LOCKA, Florida**

4. FEI Number

**65-1025526**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33055**

**United States**

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

**MITCHELL, SHARON  
 10251 SW 20TH CT.  
 MIRAMAR FL 33025**

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	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MITCHELL, SHARON	10251 SW 20TH CT.	MIRAMAR FL 33025						
	SD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	COX, ANJANET	3442 NW 194TH TERR.	MIAMI FL-33056						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILCOX, WILLIE	1360 COLLINS AVE.	MIAMI BCH FL 33055						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	COLEMAN, CHRISTOPHER	10251 SW 20TH CT.	MIRAMAR FL 33025						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input 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:

**Sharon Mitchell**

**4-10-01 305-373-7162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)