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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-11-2002 90056 038 ****61.25

DOCUMENT # N01000002813

1. Entity Name

CHURCH OF CHRIST OF NORTH MIAMI, INC.

Principal Place of Business	Mailing Address
5911 NW 69 AVENUE TAMARAC FL 33121	5911 NW 69 AVENUE TAMARAC FL 33121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
915 NE 125Th street	5911 NW 69 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
North Miami, FL	Tamarac, FL
City & State	City & State
33161 U.S.A	33321 USA
Zip / Country	Zip / Country

4. FEI Number 65-1117750 ☐ 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
ETIENNE, PIERRE 5911 NW 69TH AVENUE TAMARAC FL 33121	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 DE
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	P ETIENNE, PIERRE 5911 NW 69TH AVENUE TAMARAC FL 33121 D	☐ Delete	Secretary Mary Etienne T 5911 NW 69 Ave, Tamarac, FL, 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOUIS, RONALD 720 NE 163RD STREET T NORTH MIAMI FL 33162	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAINTCIUS, JEAN F 5664 NW 16TH STREET T LAUDERHILL FL 33313	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PIERRE, WESNER 7833 E SUNRISE LAKE, # 101 SUNRISE FL 33322	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 4/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #