## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N20342**

1. Entity Name

## NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MI AMI. INCORPORATED

Principal Place of Business	Mailing Address
6700 NW 14TH AVE MIAMI FL 33147 US	P.O. BOX 420574 MIAMI FL 33142 US
2. Principal Place of Business	3. Mailing Address

## **FILED** Aug 14, 2002 8:00 am Secretary of State 08-14-2002 90029 003 \*\*\*\*70.00

6700 NW 14TH MIAMI FL 3314	· <del>-</del>	P.O. BOX 420574 MIAMI FL 33142 US					១ ៖ %	: 0 % O		
2. Principal F	Place of Business	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		<b>4.</b> FEI	4. FEI Number 59-2813525				plied For t Applicable	
Zip	Country	Zip _	Country		ificate of Sta		<u> </u>	<b>\$8.75</b> Add Fee Require	litional d	
	6. Name and Address of Current	Registered Agent		7. Nam	e and Addr	ess of New Ro	egistered A	gent		
			Name							
WINDSOR	, JESSE / 27 PLACE		Street Add	dress (P.O. Box	(P.O. Box Number is Not Acceptable)					
	KA FL 33054									
المراج والم	NATE 33007		City				FL	Zip Code	Э	
	named entity submits this statement for	r the purpose of changing its re	egistered office or re	egistered agent,	or both, in the	ne State of Flo	rida. Lam f	amiliar with,	and accept	
the obligat	tions of registered agent.									
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SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature	required when reinsta	ting)	0-1	DATE			
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, n	Affan Comtombou 12, 2002	9 Floation Camp	salan Einanoina	<b>\$5.00</b>		Mai	o Chank	Doveble	•	
	After September 13, 2002,	9. Election Camp Trust Fund Co		\$5.00 Added to	May Be Fees			Payable		
	After September 13, 2002, min. will be \$236.25.			\$5.00 Added to	May Be Fees			Payable of State		
		Trust Fund Co		J Added to	Fees		epartmer	nt of State		
	min. will be \$236.25.  OFFICERS AND DIF	Trust Fund Co	ntribution.	J Added to	Fees	D <sub>1</sub>	epartmer	nt of State		
10.	officers and die HANDY, RUBY	Trust Fund Co	ntribution.	J Added to	Fees	D <sub>1</sub>	epartmer	nt of State	10	
10. TITLE NAME STREET ADDRESS	officers and die S HANDY, RUBY 10490 SW 171 ST	Trust Fund Co	11. TITLE NAME STREET ADDRESS	J Added to	Fees	D <sub>1</sub>	epartmer	nt of State	10	
10. TITLE NAME	min. will be \$236.25.  OFFICERS AND DIF S HANDY, RUBY 10490 SW 171 ST MIAMI FL 33157	Trust Fund Co	11. TITLE NAME	J Added to	Fees	D <sub>1</sub>	epartmer	nt of State RECTORS IN Change	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	officers and dif S HANDY, RUBY 10490 SW 171 ST MIAMI FL 33157	Trust Fund Co	11. TITLE NAME STREET ADDRESS	J Added to	Fees	D <sub>1</sub>	epartmer	nt of State	10	
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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

8-4-02