2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT # N43737** 1. Entity Name 04-11-2002 90055 027 ****61.25 NEW BIRTH BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 13230 NW 7TH AVE. 13230 NW 7TH AVE. N. MIAMI FL 33168-2804 N. MIAMI FL 33168-2804 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0269611 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 'n Street Address (P.O. Box Number is Not Acceptable) STARKE, LEONARDO 3340 MCDONALD ST **COURTYARD STE** City Zip Code **COCONUT GROVE FL 33133** 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 Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD. TITLE ☐ Delete TITLE ☐ Addition RUBUE, HOWARD NAME NAME STREET ADDRESS 5335 NW 188 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JACKSON, BRENDA NAME NAME STREET ADDRESS 13230 NW 7TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI-FL= ======= CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KELLY, JOHN NAME NAME STREET ADDRESS 5454 FLETCHER ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change BRYANT, MAE NAME NAME STREET ADDRESS 1000 NW 151ST ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition CURRY, VICTOR T NAME NAME STREET ADDRESS 5037 COUNTRY BROOK DR STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33330 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 received or trustee employered 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 with all other

STREET ADDRESS

CITY-ST-ZIP

TIT1 F

NAME

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

(9/01)