

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90036 002 ****61.25

U040635

DOCUMENT # N93000001131

1. Entity Name

ST. PAUL THE APOSTLE EPISCOPAL CHURCH/ST. PAUL E

Principal Place of Business

Mailing Address

**6744 N. MIAMI AVE.
 MIAMI FL 33150**

**6744 N. MIAMI AVE.
 MIAMI FL 33150**

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

65-0230282

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

**BAZIN, J. FRITZ
 6744 N. MIAMI AVE.
 MIAMI FL 33150**

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 **PD** ☐ Delete
 NAME **BAZIN, FRITZ REV**
 STREET ADDRESS **6744 N. MIAMI AVE.**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **MARTHE DASSAS**
 STREET ADDRESS **488 NW 165 ST Rd APT B316**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **TD** ☐ Delete
 NAME **BOVERY, HERTA**
 STREET ADDRESS **3161 LUCERNE WAY**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **PIERRE, VOLVICK**
 STREET ADDRESS **14735 NW 10TH COURT**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rev. Fritz BAZIN, 1-30-01 (305) 758-8546
 Date Daytime Phone #

CR2E037 (10/00)