## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9400001239 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name PEACE UNITED METHODIST CHURCH, INC. 04-17-2000 90148 034 \*\*\*\*61.25 Mailing Address Principal Place of Business 12755 SW 200 ST 12755 SW 200 ST MIAMI FL 33177 MIAMI FL 33177-4817 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0489952 Not Applicable Zip Country --- ----Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SLOUFFMAN, DAVID 11451 S.W. 191 TERR **MIAMI FL 33157** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME OHLZEN, RONALD STREET ADDRESS STREET ADDRESS 12975 SW 186 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 Change ☐ Addition TITLE ☐ Delete TITLE NAME 1 SLOUFFMAN, DAVID NAME STREET ADDRESS STREET ADDRESS 11451 S.W. 191 TERR 33157 CITY-ST-ZIP CITY-ST-ZIP <u>miami fl</u> ☐ Delete Change ☐ Addition TITLE DT TITLE PARKER, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 19620 SW 127 CT 33177 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME LADNER, ROBERT DR. STREET ADDRESS STREET ADDRESS 929 MAJORCA AVENUE CITY-ST-ZIP CITY-ST-ZIP Coral Gables Fl TITLE DIRECTOR ☐ Delete TITLE ☐ Change Addition ALVAREZ NAME AVA SW 119 PL. NAME 19736 STREET ADDRESS STREET ADDRESS ろろハフフ CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL DIRECTOR ☐ Delete TITLE ☐ Change ☐ Addition TITLE ALVAREZ GIRALDO NAME NAME 119, PL 9736 SW STREET ADDRESS STREET ADDRESS 33177 MIAMI, FL. CITY-ST-ZIP 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:

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

april 10, 2800

(305) 2 3 3 3 7 0