

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-19-2001 90472 040 ****61.25

DOCUMENT # N94000001972

1. Entity Name

FAITH-IN-THE-CITY OF MIAMI, INC.

Principal Place of Business

Mailing Address

**137 NE 19TH ST.
 MIAMI FL 33132**

**137 NE 19TH ST.
 MIAMI FL 33132**

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

65-0493036

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

**OROVITZ, NORMA A
 137 NE 19TH ST.
 MIAMI FL 33132**

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 **ND** ☐ Delete
 NAME **OROVITZ, NORMA A**
 STREET ADDRESS **137 NE 19TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME **Orovitz, Norma**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **KRICKBAUM, DONALD D**
 STREET ADDRESS **464 NE 16TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **Larry Wynn**
 STREET ADDRESS **46 NE 6th Street**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **PCD** ☒ Delete
 NAME **WHITE, JOHN REV.**
 STREET ADDRESS **245 NW 8TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
 NAME **Marilyn Usher**
 STREET ADDRESS **245 NW 8th St**
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **VD** ☒ Delete
 NAME **ROSS, RALPH REV**
 STREET ADDRESS **301 NW 9TH ST**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **VD** ☐ Delete
 NAME **HOWE, JIM**
 STREET ADDRESS **9200 DADELAND BLVD #305**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **SD** ☐ Delete
 NAME **KAHN, JEFFREY RABBI**
 STREET ADDRESS **137 NE 19TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **Laguita Wynn**
 STREET ADDRESS **46 NE 6th St**
 CITY-ST-ZIP **MIAMI FL 33132**

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 OF REGISTERED AGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)