

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003307

1. Entity Name

RELIGIOUS SCIENCE CHURCH OF GREATER MIAMI, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90009 028 ****61.25

Principal Place of Business

560 NE 129ST.
MIAMI FL 33161

Mailing Address

560 NE 129ST.
MIAMI FL 33161-4732

2. Principal Place of Business

560 N.E. 129ST

3. Mailing Address

560 N.E. 129ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami

City & State

N. MIA

Zip

33161

Country

DADE

Zip

33161

Country

DADE

4. FEI Number

94-3184238

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGS, BARBARA
560 N.E. 129 STREET.
MIAMI FL 33161

7. Name and Address of New Registered Agent

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

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ZARA MOKERTIA	
STREET ADDRESS	100 KINGS PT DR #1621	
CITY-ST-ZIP	SUNNY ISLE FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICKSON, RAMONA	
STREET ADDRESS	1371 NW 171ST ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	PT	<input type="checkbox"/> Delete
NAME	HIGGS, BARBARA	
STREET ADDRESS	1855 NE 121 ST #2	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERtha James	
STREET ADDRESS	2912 N.W. 207 4th RD	
CITY-ST-ZIP	OPA LockA, FLA 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GLADYS BRIGHAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	10935 N. Bayshore DR	
CITY-ST-ZIP	Miami, FLA 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E037 (9/99)