

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001168

1. Entity Name

NEW CITY MINISTRIES OF MIAMI, INC.

Principal Place of Business

5850 BISCAYNE BOULEVARD  
MIAMI FL 33137

Mailing Address

5850 BISCAYNE BOULEVARD  
MIAMI FL 33137-2639

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

65-0649930

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

BEALS, JUSTIN E  
THE WORLD TRADE CENTER  
80 S.W. 8TH STREET, SUITE 2000  
MIAMI FL 33130

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TIPPENS, JOEL M	5850 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>
D	TIPPENS, CATHERINE N	5850 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>
D	ERBEL, SUSAN R	775 CURTISWOOD DRIVE	KEY BISCAYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 305-758-5115  
Date Daytime Phone #

FILED  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90028 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CF2E037 (9/99)