

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90100 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000001067

1. Entity Name

**PENTECOSTAL TABERNACLE OF NORTH MIAMI INC**

Principal Place of Business

Mailing Address

647 N W 183RD STREET  
 MIAMI FL 33169  
 US

P.O. BOX 693576  
 MIAMI FL 33269-0576

2. Principal Place of Business

3. Mailing Address

**18415 NW 7 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL 33169**

City & State

4. FEI Number

**65-0696000**

Applied For

Not Applicable

Zip

**33169**

Country

**USA**

Zip

Country

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

**STEWART, ROBERT S**  
**1271 NW 175 TERRACE**  
**MIAMI FL 33169**

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 **D**  Delete  
 NAME **WILLIAMS, NEVILLE**  
 STREET ADDRESS **10210 SW 168TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MCKENZIE, RALSTON**  
 STREET ADDRESS **13650 SW 17TH CT**  
 CITY-ST-ZIP **MIRIMAR FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CLARKE, VIN**  
 STREET ADDRESS **10260 SW 12 ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **STEWART, JENNIFER**  
 STREET ADDRESS **1271 NW 175 TERR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **STEWART, SYDNEY R**  
 STREET ADDRESS **1271 NW 175 TERR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**ROBERT S STEWART**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/00**  
 Date

**305 651 9696**  
 Daytime Phone #

CR2E037 (9/99)