

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001864

1. Entity Name

MIAMI SOCIETY OF RELIGIOUS SCIENCE, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90033 002 ****61.25

Principal Place of Business

Mailing Address

~~17560 COLLINS AVE~~
~~SUNNY ISLES FL 33160~~
~~US~~

~~P.O. BOX 41-5129~~
~~MIAMI BEACH FL 33141-5129~~

2. Principal Place of Business
 P. O. Box 397

3. Mailing Address
 P. O. Box 397

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Hollywood, FL

City & State
 Hollywood, FL

4. FEI Number
65-0748611

Applied For
 Not Applicable

Zip Country
 33022-0397-: USA

Zip Country
 33022-0397 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTE, GREGORY
~~500 N CONGRESS AVE~~
~~#B210~~
~~DELRAY BEACH FL 33445~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
2030 Pierce Street
 City
Hollywood **FL** Zip Code
33020

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	PD	<input type="checkbox"/> Delete
NAME	HARTE, GREGORY	
STREET ADDRESS	500 N CONGRESS AVE #B210	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AMEY, PATRICIA S	
STREET ADDRESS	7510 BILTMORE BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARTE, DEBORAH M	
STREET ADDRESS	500 N CONGRESS AVE #B210	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2030 Pierce Street	
CITY-ST-ZIP	Hollywood FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2030 Pierce Street	
CITY-ST-ZIP	Hollywood FL 33020	
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		

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 of 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:

Patricia S. Amey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia S. Amey, VP 2/24/00

Date

305-531-1515

Daytime Phone #

CF2E037 (9/99)