

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90005 048 \*\*\*\*61.25

**DOCUMENT # N97000005462**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, AVENTURA, FLO**

Principal Place of Business

Mailing Address

**772 NW 72 TERRACE  
 MIAMI FL 33138**

**PO BOX 260565  
 PEMBROKE PINES FL 33026-7565**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0784010**

Applied For

Not Applicable

Zip

Country

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

**EMO CORPORATE SERVICES, INC.  
 100 NE THIRD AVENUE SUITE 1100  
 FORT LAUDERDALE FL 33301**

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 **VAN WIE, STEVEN O**  
 STREET ADDRESS **5950 DEL LAGO CIRCLE APT 314**  
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **D**  Change  Addition  
 NAME **D/Vice Chairman/Treasurer  
 Kathryn Steinberg**  
 STREET ADDRESS **1137 NW 122 Terrace**  
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE **D**  Delete  
 NAME **GOTTLIEB, ED**  
 STREET ADDRESS **772 NW 72 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D**  Change  Addition  
 NAME **Chairman**

TITLE **D**  Delete  
 NAME **BINI, NORENE**  
 STREET ADDRESS **1770 NE 191 ST #417**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **D**  Change  Addition  
 NAME **Elfreda Ringrose**  
 STREET ADDRESS **7613 Harbour Blvd**  
 CITY-ST-ZIP **Miramar, FL 33023**

TITLE **D**  Delete  
 NAME **ROM, MARIE**  
 STREET ADDRESS **1548 NE 105 ST**  
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **D**  Change  Addition  
 NAME **MARGARET Siung**  
 STREET ADDRESS **736 NE 92 Street**  
 CITY-ST-ZIP **Miami Shores, FL 33138**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Margaret Harris**  
 STREET ADDRESS **2049 S Ocean Dr. #1201-E**  
 CITY-ST-ZIP **Hallandale, FL 33009**

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: *Kathryn Steinberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/00* Date

*(954) 473-0167* Daytime Phone #

CR2E037 (9/99)