

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90781 041 ****61.25

DOCUMENT # N97000007191

1. Entity Name

CIRCLE OF LIGHT METROPOLITAN COMMUNITY CHURCH MIAMI, INC.



Principal Place of Business

**2100 WASHINGTON AVENUE
MIAMI BEACH FL 33139-3233**

Mailing Address

**P.O. BOX 399117
MIAMI BEACH FL 33239-9117**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CRUZ, CARLOS
1621 BAY RD #501
MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ADLER, JEANNE	
STREET ADDRESS	6673 SW 140TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VAZQUEZ, JOSE A	
STREET ADDRESS	2133 NW 130TH TERR	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, SAMUEL S	
STREET ADDRESS	835 LENOX AVENUE APARTMENT 303	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAULE', GEORGE	
STREET ADDRESS	8393 SW 122ND STREET	
CITY-ST-ZIP	MIAMI FL 33156-5119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARIS, DIDIER L	
STREET ADDRESS	720 NE 69TH ST #3W	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUZ, CARLOS	
STREET ADDRESS	1621 BAY RD #501	
CITY-ST-ZIP	MIAMI BEACH FL 33138	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13004 SW 115th Terr.	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Slack	
STREET ADDRESS	3550 Avocado Ave.	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	SD	<input checked="" 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	4101 SW 62nd Ave.	
CITY-ST-ZIP	South Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurie Humphrey	
STREET ADDRESS	13004 SW 115th Terr.	
CITY-ST-ZIP	Miami, FL 33186	
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.

SIGNATURE:

George Taule'

4-23-04

(305) 244-2967

CR2E037 (10/02)