

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90109 013 ****70.00

DOCUMENT # N98000003455

1. Entity Name

THE REFORMED ROMAN CATHOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

REV. DR. KARL R. RODIG, D. MIN., M.TH.
 % 600 NE 36 TH ST., PH 29
 MIAMI FL 33137

REV. DR. KARL R. RODIG, D. MIN., M.TH.
 % 600 NE 36 TH ST., PH 29
 MIAMI FL 33137

2. Principal Place of Business

7330 Ocean Terrace

3. Mailing Address

7330 Ocean Terrace

Suite, Apt. #, etc.

2003

Suite, Apt. #, etc.

2003

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

U.S.A.

Zip

33141

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0855875

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

RODIG, REV KARL R
 % 600 NE 36 ST., PH 29
 MIAMI FL 33137

**7330 Ocean Terrace
 #2003
 Miami Beach, FL 33141**

Name

Rev. Karl Rodig

Street Address (P.O. Box Number is Not Acceptable)

**7330 Ocean Terrace
 #2003**

City

Miami Beach

FL

Zip Code
33141

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

+ Rev. Dr. Karl Rodig Bishop

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 **DAS** ☐ Delete
 NAME **MICHEL, MONA**
 STREET ADDRESS **20116 N.W. 83 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **NAVARRO, EMIL**
 STREET ADDRESS **6465 SW 116 PLACE #A**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **BUTLER, RONALD**
 STREET ADDRESS **325 OCEAN DRIVE #603**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **PELEGRINI, TOM**
 STREET ADDRESS **775 N.E. 72ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **TOTH, MARCIA**
 STREET ADDRESS **1941 N.E. 178TH STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CONTINO, MARIA L**
 STREET ADDRESS **3875 N.W. 12TH STREET**
 CITY-ST-ZIP **MIAMI FL 33125**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mona Michel April 22/02/305

Date

Daytime Phone #

CR2E037 (9/01)