

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90062 019 ****61.25

DOCUMENT # 701488

1. Entity Name

THE MIAMI FRIENDS MEETING OF THE RELIGIOUS SOCIE

Principal Place of Business

Mailing Address

1185 SUNSET ROAD
 CORAL GABLES FL 33143

1185 SUNSET ROAD
 CORAL GABLES FL 33143-6058

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

23-7372958

Applied For

Not Applicable

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

EMERSON, DORIS
914 EAST RIDGE VILLAGE DR
MIAMI FL 33157

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 Delete
 NAME **D DAWSON, JON**
 STREET ADDRESS **9830 S.W. 82 TERR**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PYRON, DARDEN**
 STREET ADDRESS **5634 SW 60 AVE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LANDOWNE, DAVID**
 STREET ADDRESS **6926 S.W. 62ND CT.**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T EMERSON, DORIS**
 STREET ADDRESS **914 EAST RIDGE VILLAGE DR**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**D STEVENS, JOHN**~~
 STREET ADDRESS ~~**9430 S.W. 99 AVE.**~~
 CITY-ST-ZIP ~~**MIAMI FL 33155**~~

TITLE Change Addition
 NAME **D Warren Hoskins**
 STREET ADDRESS **12040 S.W. 187th ST.**
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE Delete
 NAME **P GRANT, GERALDINE**
 STREET ADDRESS **4724 SW 64 COURT**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME **GERALDINE GRANT**
 STREET ADDRESS **1250 S. Alhambra Cir, Apt. 11**
 CITY-ST-ZIP **Coral Gables, FL 33146**

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: Doris M. Emerson, Treas. **DORIS EMERSON** 3/12/00 305-251-7073
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)