

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90914 026 \*\*\*\*61.25

**DOCUMENT # 718250**

1. Entity Name

**ST. MARY ARMENIAN APOSTOLIC CHURCH INC.**

Principal Place of Business

4050 NW 100 AVE  
 HOLLYWOOD FL 33024

Mailing Address

4050 NW 100 AVE  
 HOLLYWOOD FL 33024-8050

2. Principal Place of Business

4050 NW 100 Avenue

Suite, Apt. #, etc.

3. Mailing Address

4050 NW 100 Avenue

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

59-6143509

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

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

DAVITIAN, NAOMI  
 5010 PIERCE STREET  
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Naomi Davitian

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

12140 NW 12 Street

City

Plantation

FL

Zip Code

33323

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

Parish Council Chairman

April 27, 2000

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

TITLE	TT	<input type="checkbox"/> Delete
NAME	MAHAKIAN, LOUISE	
STREET ADDRESS	520 WEST 53RD TERRACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DAVITIAN, NAOMI	
STREET ADDRESS	5010 PIERCE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NENEZIAN, CLARA	
STREET ADDRESS	7000 ABERDEEN WAY	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davitian, Naomi	
STREET ADDRESS	12140 NW 12 Street	
CITY-ST-ZIP	Plantation, FL 33323	
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 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:

Naomi Davitian

4-27-00 (954) 450-5578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)