

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731832

1. Entity Name

PENTECOSTAL CHURCH THE LIGHT OF THE WORLD

Principal Place of Business

1142 N W 19TH ST
PO BOX 5692
FT LAUDERDALE FL 33310

Mailing Address

1142 N W 19TH ST
PO BOX 5692
FT LAUDERDALE FL 33310

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

65-0054945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARMOLEJOS, VIRGILIO
222 ASPEN Way
DAVIE FL 33325

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.

SIGNATURE

Virgilio Marmolejos

04-12-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	DEL VALLE, AURELIO	
STREET ADDRESS	1206 NW 11TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARMOLEJOS, VIRGILIO	
STREET ADDRESS	13450 S.W. 6TH PLACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARMOLEJOS, YNOELIA	
STREET ADDRESS	13450 S.W. 6TH PLACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FIGUEROA, DORIS	
STREET ADDRESS	5108 NW 1ST AVE 4	
CITY-ST-ZIP	FT LAUDERDALE 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	PEscudero, Roberto	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2674 N.W. 60 Way	
STREET ADDRESS	SUNrise, FL 33313	
CITY-ST-ZIP		
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		
TITLE	Molina, Miriam	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3105 S.W. 13 Street	
STREET ADDRESS	Fort Lauderdale 33312	
CITY-ST-ZIP		
TITLE		<input checked="" 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: Virgilio Marmolejos REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-01 (954) 463-0470

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90126 034 *****70.00



DO NOT WRITE IN THIS SPACE

0046090

CR2E037 (10/00)