

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90088 010 \*\*\*\*70.00

**DOCUMENT # N98000003116**

1. Entity Name  
**EVANGELICAL MARANATHA, INC.**

Principal Place of Business

~~None~~  
~~50 SW 31 AVENUE~~  
~~FT. LAUDERDALE FL 33342~~

Mailing Address

~~None~~  
~~P.O. BOX 490643~~  
~~FT. LAUDERDALE FL 33349-0643~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**8007 SW 7th Street**

Suite, Apt. #, etc.

City & State

**North Lauderdale FL**

Zip  
**33068**

Country  
**Broward**

4. FEI Number

**65-0838107**

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

**CELIAN, VALEX**  
**8007 SW 7 ST. N.**  
**LAUDERDALE FL 33068**

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 \_\_\_\_\_  
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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CELIAN, VALEX</b>
STREET ADDRESS	<b>8007 SW 7 ST. N.</b>
CITY-ST-ZIP	<b>LAUDERDALE FL 33068</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CELIAN, JEANINE</b>
STREET ADDRESS	<b>8007 SW 7 ST. N.</b>
CITY-ST-ZIP	<b>LAUDERDALE FL 33068</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AMERTIL, PHILBERT</b>
STREET ADDRESS	<b>1410 NW 2ND AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<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	
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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: *Valex Celian* SIGNATURE REQUIRED

5/15/00

954-721-2992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.F. 0517 (03/98)