

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90027 032 \*\*\*\*70.00

**DOCUMENT # N98000006388**

1. Entity Name

**MONTE HOREB CHURCH ASSEMBLY OF GOD, INC.**

Principal Place of Business

Mailing Address

1228 NORMANDY DR  
 MIAMI BEACH FL 33141  
 US

7098 BONITA DE  
 MIAMI BEACH FL 33141-3107  
 US

2. Principal Place of Business

**1228 NORMANDY DR**

3. Mailing Address

**P.O. BOX 6413**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FLORIDA**

City & State

**MIAMI BEACH, FLORIDA**

4. FEI Number

**65-0875605**

Applied For

Not Applicable

Zip

**33141**

Country

**US**

Zip

**33141**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DA ROCHA, JOSE F**  
**7441 WAYNE AVE**  
**#10Q**  
**MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **JOSE FRANCA DA ROCHA**

Street Address (P.O. Box Number is Not Acceptable)  
**7441 WAYNE AVE #10-Q**

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

(NOTE: Registered Agent signature required when reinstating)

**4-28-00**

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 **DP**  Delete  
 NAME **DA ROCHA, JOSE F**  
 STREET ADDRESS **7441 WAYNE AVE #10Q**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **DV**  Delete  
 NAME **DA ROCHA, MARIA A**  
 STREET ADDRESS **7441 WAYNE AVE #10Q**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **DST**  Delete  
 NAME **MARTINS, DINO**  
 STREET ADDRESS **1800-71ST JOHN F KENNEDY CSWY #305**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **ST**  Delete  
 NAME **LIMA, RITA A**  
 STREET ADDRESS **1780 MARSEILLES DR #01**  
 CITY-ST-ZIP **MIAMI BCH FL 33141**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Change  Addition  
 NAME **DA ROCHA, JOSE F**  
 STREET ADDRESS **7441 WAYNE AVE #10-Q**  
 CITY-ST-ZIP **MIAMI BEACH - FL-33141**

TITLE **DV**  Change  Addition  
 NAME **FERRAZ, JOAO**  
 STREET ADDRESS **1181 SE 6TH AVE #200**  
 CITY-ST-ZIP **DEERFIELD BEACH - FL 33441**

TITLE **D**  Change  Addition  
 NAME **MARTINS, DINO**  
 STREET ADDRESS **2016 BAY DR #902**  
 CITY-ST-ZIP **MIAMI BEACH - FL 33141**

TITLE **ST**  Change  Addition  
 NAME **FERRAZ, ERICA**  
 STREET ADDRESS **1181 SE 6TH AVE # E.200**  
 CITY-ST-ZIP **DEERFIELD BEACH - FL 33441**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **PRESIDENT 4-28-00. 4092256**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)