

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90012 023 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # *N98000006388*

1. Entity Name
MONTE HOREB CHURCH ASSEMBLY OF GOD, INC.

Principal Place of Business
27367 SW 117 PL
HOMESTEAD, FL 33032

Mailing Address
27367 SW 117 PL
HOMESTEAD, FL 33032

2. Principal Place of Business
27367 SW 117 PL
 Suite, Apt. #, etc.

3. Mailing Address
27367 SW 117 PL
 Suite, Apt. #, etc.

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number
65-0875605

Applied For
 Not Applicable

Zip
33032

Country
MIAMI-DADE

Zip
33032

Country
MIAMI-DADE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DA ROCHA, JOSE F
7441 WAYNE AVE #100
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
 Name
MATUS, JOSE
 Street Address (P.O. Box Number is Not Acceptable)
27367 SW 117 PL
 City
HOMESTEAD FL Zip Code
33032

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.
JOSE MATUS, AGENT

SIGNATURE *[Signature]* DATE
08/21/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> <i>JOSE MATUS</i> <i>27367 SW 117 PL</i> <i>HOMESTEAD, FL 33032</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD VPTD</i> <i>CELESTE MATUS</i> <i>27367 SW 117 PL</i> <i>HOMESTEAD, FL 33032</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* PD Date
8/21/01 Daytime Phone #
786-325-5376

CR2E037 (11/00)