

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000000614

1. Entity Name

EVANGELICAL CHURCH OF THE CROWNED, INC.

Principal Place of Business

210 N.E. 87TH STREET
MIAMI FL 33138

Mailing Address

210 N.E. 87TH STREET
MIAMI FL 33138-3018

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1002403

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERICLES, WISLY
1534 N.E. 147 STREET
NORTH MIAMI BEACH FL 33161

7. Name and Address of New Registered Agent

Name: PERICLES WISLY
Street Address (P.O. Box Number is Not Acceptable)

900 NE 132ND ST. SUITE 6
City MIAMI FL Zip Code 33161

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	PD	☐ Delete
NAME	PERICLES, WISLY	
STREET ADDRESS	210 N.E. 87TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VPD	☒ Delete
NAME	TRICHE, WILBERT	
STREET ADDRESS	8475 E. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SD	☒ Delete
NAME	PERICLES, JOANEL	
STREET ADDRESS	210 N.E. 87 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	TD	☐ Delete
NAME	JEAN, ELIMENE	
STREET ADDRESS	1140 N.E. 214TH STREET	
CITY-ST-ZIP	MIAMI FL 33129	
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	PD	PERICLES, WISLY	☐ Change ☐ Addition
NAME			
STREET ADDRESS	210 NE 87 ST. MIAMI FL.		
CITY-ST-ZIP	33138		
TITLE	CHIEF	PERICLES (VPD)	☒ Change ☐ Addition
NAME			
STREET ADDRESS	210 NE 87 ST MIAMI, FL		
CITY-ST-ZIP	33138		
TITLE	HARIE R.	PERICLES (SD)	☐ Change ☐ Addition
NAME			
STREET ADDRESS	210 NE 87 ST. MIAMI		
CITY-ST-ZIP	FL. 33138		
TITLE	TD	JEAN ELIMENE	☐ Change ☐ Addition
NAME			
STREET ADDRESS	1140 NE 214th ST. HIA. FL.		
CITY-ST-ZIP	33129		
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 another like empowered.

SIGNATURE:

PERICLES WISLY 04-03-00 305-7592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)