# 2000 UNIFORM BUSINESS REPORT (UBR)

7/17/00-90070-010-$61.25-$61.25

DOCUMENT # N99000005567

1. Entity Name

INTERNATIONAL BIBLE CENTER-BROWARD, INC.
INTERNATIONAL BIBLE CENTER BROWARD ASSEMBLIES OF G

FILED

00 OCT -6 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
WESTON COMM. CENTER
2310 ARVIDA PARKWAY
WESTON, FL 33326

140 S.W 117th AVENUE
SUITE 308
PEMBROKE PINES FL 33025

REINSTATEMENT 2000

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 140 SW 117th AVENUE | 140 SW 117th AVENUE |
| Suite, Apt. #, etc.: 308 | Suite, Apt. #, etc.: 308 |
| City & State: PEMBROKE PINES, FL. | City & State: PEMBROKE PINES, FL. |
| Zip: 33025 Country: | Zip: 33025 Country: |

4. FEI Number: 65-0956605 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAFAEL GOMEZ SR.
4485 FOXTAIL LANE.
WESTON, FL. 33331

7. Name and Address of New Registered Agent

Name: JAIRO H. ROMERO
Street Address (P.O. Box Number is Not Acceptable): 2557 JARDIN LANE
City: WESTON FL Zip Code: 33326

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: _____ 04/28/00
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/M<br>RAFAEL GOMEZ SR.<br>4886 FOXTAIL LANE<br>WESTON, FL. 33331 | ☐ Delete | P/M/D<br>RAFAEL GOMEZ Sr.<br>140 S.W. 117 AVENUE, APT. 308<br>PEMBROKE PINES, FL. 33025 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/M<br>RAFAEL GOMEZ Jr.<br>2557 Jardin Lane<br>WESTON, FL. 33326 | ☐ Delete | V/M/D<br>RAFAEL GOMES Jr.<br>140 S.W. 117 AVENUE, APT.308<br>PEMBROKE PINES FL. 33025 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/M<br>ROCIO GOMEZ<br>1190 S.W. 107 ST. #204<br>MIAMI, FL. 33176 | ☒ Delete | T/M/D<br>JAIRO H. ROMERO<br>2557 JARDIN LANE<br>WESTON, FL. 33326 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | S/M/D<br>JOSE E. MEJIA<br>13850 S.W. 162nd TERRACE<br>HOMESTEAD, FL. 33177 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 000003455680--3<br>-11/07/00--01063--023<br>*****175.00 *****175.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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: _____ Treasurer 04/28/00. 954-441-6323
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #