

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am,**  
**Secretary of State**

05-25-2001 90288 020 \*\*\*\*61.25

**DOCUMENT # N00000007061**

1. Entity Name

**HOUSE OF EHLAEL SPIRITUAL ASSOCIATION, INC.**

Principal Place of Business

**1439 WEST AVENUE #301  
 MIAMI BEACH FL 33139**

Mailing Address

**1439 WEST AVENUE #301  
 MIAMI BEACH FL 33139**

**553981**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2040 N.E. 163 STREET**

3. Mailing Address

**2040 N.E. 163 STREET**

Suite, Apt. #, etc.

**SUITE 310**

Suite, Apt. #, etc.

**SUITE 310**

City & State

**NORTH MIAMI BEACH**

City & State

**NORTH MIAMI BEACH**

Zip

**33160**

Country

**US**

Zip

**33160**

Country

**US**

4. FEI Number

**65-1049406**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERONE HUMBERTO  
 1439 WEST AVENUE #301  
 MIAMI BEACH FL 33139**

**PERRONE**

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.

(NOT) 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 **D** ☐ Delete  
 NAME **PERRONE, HUMBERTO**  
 STREET ADDRESS **1439 WEST AVENUE #301**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **FERRARA, MARIA CRISTINA**  
 STREET ADDRESS **1905 N 54 AVENUE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **LEONEL, ROSANA**  
 STREET ADDRESS **13499 BISCAYNE BLVD. #1210**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MELO, FERNANDA I**  
 STREET ADDRESS **11934 SW 11 CT**  
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BRINCKMANN, HELIO**  
 STREET ADDRESS **1475 NE 125 TERRACE**  
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MAIA, MARCIA**  
 STREET ADDRESS **1439 WEST AVENUE #301**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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 is 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: **Silvionberto Perrone**

**05.21.01 305388-8465**

CR2E037 (10/00)