

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001811

Entity Name: ROBERVAL INT'L CARE MINISTRY INC**Current Principal Place of Business:**1100 NW 107 TH ST
MIAMI, FL 33168**Current Mailing Address:**1100 NW 107TH ST
MIAMI, FL 33168 US**FEI Number:** 90-0686704**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**METELLUS, NICOLAS
1100 NW 107TH ST
MIAMI, FL 33168 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	METELLUS, NICOLAS
Address	1100 NW 107TH ST
City-State-Zip:	MIAMI FL 33168

Title	DVP
Name	MEAT, ROBERT
Address	1100 NW 107TH ST
City-State-Zip:	MIAMI FL 33168

Title	DS
Name	MEAT, WESBERLY JOHN
Address	4110 BEAR LAKES CT APT 307
City-State-Zip:	WEST PALM BEACH FL 33409

Title	OFFICER, VP
Name	PIERRE, MICHELINE
Address	420 NW 148 ST.
City-State-Zip:	NORTH MIAMI FL 33168

Title	OFFICER, MEMBRE
Name	DAMAS, YOLANDE
Address	3474 BRIAR BAY BLVD APT 205
City-State-Zip:	WEST PALM BEACH FL 33411

Title	MEMBER
Name	PHILIUS , FEDNER
Address	3305 ACAPULCO DRIVE
City-State-Zip:	MIRAMAR FL 33023

Title	MEMBER
Name	PHILIUS , IVENS
Address	420 NW 98TH STREET
City-State-Zip:	MIAMI FL 33150

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MEAT

DVP

04/21/2020

Electronic Signature of Signing Officer/Director Detail_____
Date