

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90089 038 ****61.25

DOCUMENT # 735385

1. Entity Name

LATVIAN EVANGELICAL LUTHERAN CHURCH OF SOUTH FLO

Principal Place of Business

Mailing Address

**1427 E HILLSBORO BLVD
APT 625
DEERFIELD BEACH FL 33441**

**1427 E HILLSBORO BLVD
APT 625
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1930883

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

**VENTS, JANIS
1427 E HILLSBORO BLVD
APT 625
DEERFIELD BEACH FL 33441**

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.

(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	PD VENTES, JANIS 1427 E. HILLSBORO APT 625 DEERFIELD BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DZENIS, DZIDRA 333 TACOMA LANE WEST-PALM BEACH FL 33404	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DZENIS, ARVIDAS 333 TACOMA LANE WEST PALM BEACH FL 33404	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIEZE, MILDA 4306 E TRADEWIND STR. FORT LAUDERDALE FL 33308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D VENTS, Abijia</i> <i>1427 E Hillsboro Blvd Apt 625</i> <i>Deerfield Beach, FL 33441</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature)
JANIS VENTS
Date: **Jan. 16/01**
Daytime Phone #: **427-3558**

CR2E037 (10/00)