

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 90134 020 ****70.00

DOCUMENT # 747500

1. Entity Name

JERUSALEM CHURCH OF GOD SEVENTH DAY, INC.



Principal Place of Business

Mailing Address

591 NW 35TH STREET
MIAMI FL 33127

PO BOX 014963
FLAGLER STATION
MIAMI FL 33101

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 **65-0882503**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LANGBEIN, LESLIE W.
20801 BISCAYNE BLVD.
SUITE 508
MIAMI FL 33180

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EUDOVIQUE, JOSEPH
STREET ADDRESS 1301 NW 175TH TERRACE
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete **D**

TITLE D
NAME OSCAR, ULYSES
STREET ADDRESS 498 NW 165 ST, RD. #409
CITY-ST-ZIP NORTH MIAMI BEACH FL 33128 ☒ Delete

TITLE D
NAME JOHN, DERRICK E
STREET ADDRESS 18948 NW 57TH AVE. #108
CITY-ST-ZIP HIALEAH FL 33015 ☒ Delete

TITLE S/T
NAME JOHN, MIRIAM E
STREET ADDRESS 18952 NW 227 AVE., #212
CITY-ST-ZIP OPA LOCKA FL 33055 ☐ Delete **T**

TITLE VP
NAME SERIEUX, DEMETRIUS
STREET ADDRESS 20952 NW 22 AVE., #118
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Michael R. McVane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/03 305-573-4922
Date Daytime Phone #

CR2E037 (10/02)