

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90066 037 \*\*\*\*66.25

**DOCUMENT # 754071**

1. Entity Name

**HOLY TRINITY ROMANIAN ORTHODOX CHURCH OF FLORIDA**

Principal Place of Business

Mailing Address

**1850 SW 60TH TERRACE  
 MIRAMAR FL 33023**

**1850 SW 60TH TERRACE  
 MIRAMAR FL 33023-2906**

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

**59-2655883**

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

**IOAN, BOHUS  
 2118 N. 32ND AVE  
 HOLLYWOOD FL 33021**

Name **Moise NIKOLIC**

Street Address (P.O. Box Number is Not Acceptable)

**2615 Scott Street**

City **Hollywood, FL.**

**FL**

Zip Code **33020**

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.

P

SIGNATURE **Moise NIKOLIC**

*Moise Nikolic*

**Feb. 10/2000**

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 **MD**  Delete  
 NAME **DJULVEZ, VIOREL**  
 STREET ADDRESS **2450 GARFIELD STREET**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **IOVANESCU, DANIELA**  
 STREET ADDRESS **1637 JOHNSON ST**  
 CITY-ST-ZIP **HOLLYWOOD FL-33020**

TITLE **TD**  Change  Addition  
 NAME **Daniela PASTIU**  
 STREET ADDRESS **609 NE-12 Ave.#607 Hallandale, 33009**  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **ANGHELESCU, CRISTIAN**  
 STREET ADDRESS **573 SLIPPERY ST**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33327**

TITLE **S.**  Change  Addition  
 NAME **Lolita BALTA**  
 STREET ADDRESS **32 SW-5 Str.Ap.-R Hallandale, 33009**  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **BOHUS, JOHN**  
 STREET ADDRESS **2118 N. 32ND AVENUE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **PETRESCU, DAN**  
 STREET ADDRESS **17370 NW 66TH PLACE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **V**  Change  Addition  
 NAME **Teodor TAMAS**  
 STREET ADDRESS **5300 Washington Str.#324**  
 CITY-ST-ZIP **Hollywood, FL. 33021**

TITLE **D**  Delete  
 NAME **SASU, DIMITRU VIOREL**  
 STREET ADDRESS **1850 SW 60TH TERRACE**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

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 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: **Rev. Fr. Dimitru Viorel SASU**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb. 10/2000 954-986-9866**

Date

Daytime Phone #

CR2E037 (9/99)