

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90018 040 ****61.25

DOCUMENT # 754071

1. Entity Name
HOLY TRINITY ROMANIAN ORTHODOX CHURCH OF FLORIDA, INC.

Principal Place of Business Mailing Address
1850 SW 60TH TERRACE 1850 SW 60TH TERRACE
MIRAMAR FL 33023 MIRAMAR FL 33023

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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
NIKOLIC, MOISE
2615 SCOTT ST
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name **P. DJULVEZ Viorel (President Director)**
 Street Address (P.O. Box Number is Not Acceptable)
2450 Garfield Street
Hollywood, FL. 33020 33020
 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 **Feb. 17/2002**
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	MD DJULVEZ, VIOREL 2450 GARFIELD STREET HOLLYWOOD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Religious Educ. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DUICA D.Lia 6055 SW.19 Str. Miramar FL.33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIMIS, VASILE 901 NE 14 AVE HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T.D.CODREANU Claudiu 1715 N.-16Ave.Ap.#- 203 Hollywood,FL.33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALTA, LOLITA 32 SW 5TH ST HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGHELESCU, CRISTIAN 573 SLIPPER ROCK FORT LAUDERDALE FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TIMIS Aurel 609 N.E.-14 Ave. Ap.# 501 HALLANDALE,FL. 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAMAS, TEODOR 5300 WASHINGTON ST #324 HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOLDIS Alex 3484 S.W.53th.Court FT.Lauderdale,FL.33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASU, DIMITRU VIOREL 1850 SW 60TH TERRACE MIRAMAR FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **V. Rev. Fr. Dimitru Viorel SASU-Rector** **Feb. 17/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (9/01)