


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

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90229 014 \*\*\*\*61.25

**DOCUMENT # 7 5 4 0 7 1**  
1. Entity Name  
**HOLY TRINITY ROMANIAN ORTHODOX CHURCH  
OF MIRAMAR, FLORIDA, INC.**



**DO NOT WRITE IN THIS SPACE**

40064137

2. Principal Place of Business  
**1850SW-60 Terr.Miramar**  
Suite, Apt. #, etc.

3. Mailing Address  
**1850 S.W.-60th.Terrace**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIRAMAR, FL.**

City & State  
**MIRAMAR, FL.**

Zip  
**33023**

Country

4. FEI Number  
**59-2655883**

Applied For  
 Not Applicable

**DO NOT WRITE  
IN THIS SPACE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**NIKOLIC Moise**

Street Address (P.O. Box Number is Not Acceptable)  
**2615 SCOTT STR.**

City  
**HOLLYWOOD**

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

**P. NIKOLIC Moise**

SIGNATURE *P. Nikolic* DATE *Apr. 10/2005*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25,  
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. BOLDIS Alexandru 3484 S.W.-53 Court Hollywood, FL.33308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T.D. CODREANU Claudiu 3660 N-56 Ave.# 608 Hollywood, FL. 33021</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. ALEXANDER Gina 1445 Atlantic Sh.Blvd.#409 Hallandale, FL.33009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.D. TIMIS Aurel 609 NE 14 Ave. # 501 Hallandale, FL. 33009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M/D COMAN Marius 9952 SW -8 Str.# 227 MIAMI, FL. 33174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D V.Rev.Fr.SASU Dimitru Viorel 6055 SW-19th Str. MIRAMAR, FL. 33023</b>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE *SASU Dimitru Viorel* **SASU Dimitru Viorel** 954-986-9866 Apr.12/2005

CR2E037B (12/02)