## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#757106** 

FILED Jan 24, 2002 8:00 AM Secretary of State

Entity Name: FORT LAUDERDALE ASSEMBLY HALL OF JEHOVAH'S WITNESSES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 20850 GRIFFIN ROAD FT LAUDERDALE, FL 33332 **Current Mailing Address: New Mailing Address:** 20850 GRIFFIN ROAD FT LAUDERDALE, FL 33332 FEI Number: 59-2077287 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BREAUX, DON BREAUX, DON 1031 CUMBERLAND TERRACE 1031 CUMBERLAND TERRACE DDAVIE, FL 33325 DAVIE, FL 33325 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: 01/24/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BREAUX, DON, BREAUX, DON, Name: Name: 1031 CUMBERLAND TERRACE Address: 1031 CUMBERLAND TERRACE Address: City-St-Zip: DDAVIE, FL City-St-Zip: **DAVIE. FL 33325** Title: Title: ( ) Delete () Change () Addition ABOUD, EDUARDO, Name: Name: Address: % 20850 GRIFFIN RD. Address: City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GOFF, CECIL, Name: GOFF, CECIL, Name: 941 TANGLEWOOD CIRCLE 941 TANGLEWOOD CIRCLE Address: Address: City-St-Zip: WESTON, FL City-St-Zip: WESTON, FL 33328 Title: DS ( ) Delete Title: () Change () Addition Name: ARTURO, MONTES DE OCA Name: 450 E 38TH STREET Address: Address: City-St-Zip: HIALEAH, FL 33013 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PASCARELLA, JIMMY, Name: Name: 13701 NW 23 ST Address: Address: PEMBROKE PINES, FL 33028 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON BREAUX PD 01/24/2002