

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91408 041 ****61.25

0015920

DOCUMENT # F94000002960

1. Entity Name

PENTECOSTAL CHURCH, GOD IS LOVE, INC.

Principal Place of Business

Mailing Address

**3810 W. 12TH AVENUE
 HIALEAH FL 33012**

**3810 W. 12TH AVENUE
 HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

3530 N. POWERLINE ROAD

3530 N. POWERLINE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POMPANO BEACH, FLORIDA

City & State

City & State

33 069

POMPANO BEACH, FL.

Zip

Country

BROWARD

Zip

Country

33069

BROWARD.

4. FEI Number

04-3096561

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

**GASTESI, RAUL JR
 15800 N.W. 67TH AVE., SUITE 308
 MIAMI LAKES FL 33014**

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MIRANDA, DAVID M | |
| STREET ADDRESS | AV DO ESTADO 4568 SAN PABLO SP | |
| CITY-ST-ZIP | BRAZIL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DE ALMEIDA, LOURIVAL | |
| STREET ADDRESS | 1124 S.W. 149TH TERRACE | |
| CITY-ST-ZIP | SUNRISE FL 33326 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DEFARIAS, JOSELINO | |
| STREET ADDRESS | 98 FLORENCE STREET | |
| CITY-ST-ZIP | BROCKTON MA | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DE MIRAND, DEBORA O | |
| STREET ADDRESS | 1124 S.W. 149TH TERRACE | |
| CITY-ST-ZIP | SUNRISE FL 33326 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SORA, SERGIO | |
| STREET ADDRESS | AV DO ESTADO 4568 SAN PABLO SP | |
| CITY-ST-ZIP | BRAZIL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DE MIRANDA, ERENI O | |
| STREET ADDRESS | RUA CONDE DE SARZEOS 185 | |
| CITY-ST-ZIP | SAN PABLO, SP BRAZIL | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 officers and directors.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02 954-796-0506
 Date Daytime Phone #

CR2E037 (9/01)