

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91276 005 \*\*\*\*70.00

**DOCUMENT # N00000001780**

1. Entity Name

**IN THE BEGINNING PENTECOSTAL, INC.**

Principal Place of Business

Mailing Address

220 S.W. 56TH AVENUE  
 MARGATE FL 33068

220 S.W. 56TH AVENUE  
 MARGATE FL 33068

**434340**

2. Principal Place of Business

4000 N.W. 31st Ter #5  
 Suite, Apt. #, etc.

3. Mailing Address

4000 N.W. 31st Ter #5  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale -

City & State

Ft. Lauderdale, FL 33309

4. FEI Number

58-2626522

Applied For

Not Applicable

Zip

33309

Country

USA  
 Broward

Zip

33309

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOVERA, DUPERAT  
 220 S.W. 56TH AVENUE  
 MARGATE FL 33068

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 4000 N.W. 31st Ter. #5  
 City Ft. Lauderdale FL Zip Code 33309

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVERA, DUPERAT	
STREET ADDRESS	220 S.W. 56TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOVERA, YVONNE	
STREET ADDRESS	220 S.W. 56TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MONTAS, JEAN	
STREET ADDRESS	220 S.W. 56TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4000 N.W. 31st Ter. #5	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

CR2E037 (9/01)

0016890