2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
05-25-2001 90288 020 ****61.25

DOCUMENT # N00000007061

1. Entity Name

HOUSE OF EHLAEL SPIRITUAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1439 WEST AVENUE #301 MIAMI BEACH FL 33139	1439 WEST AVENUE #301 MIAMI BEACH FL 33139

553981

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2040 N.E. 163 STREET	2040 N.E. 163 STREET
Suite, Apt. #, etc.: SUITE 310	Suite, Apt. #, etc.: SUITE 310
City & State: NORTH MIAMI BEACH	City & State: NORTH MIAMI BEACH
Zip: 33160 Country: US	Zip: 33160 Country: US

4. FEI Number 65-1049406 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERONE HUMBERTO
1439 WEST AVENUE #301
MIAMI BEACH FL 33139

PERRONE

7. Name and Address of New Registered Agent

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 _____ DATE

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

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	D PERRONE, HUMBERTO 1439 WEST AVENUE #301 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRARA, MARIA CRISTINA 1905 N 54 AVENUE HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONEL, ROSANA 13499 BISCAYNE BLVD. #1210 NORTH MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELO, FERNANDA I 11934 SW 11 CT DAVIE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRINCKMANN, HELIO 1475 NE 125 TERRACE DAVIE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAIA, MARCIA 1439 WEST AVENUE #301 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Humberto Perrone 05.21.01 305-388-8465