2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUS	INESS REPO	KI (UBR)	–	
DOCUMENT # NOD 071 1. Entity Name Universal Life	Church of Re	eru. • S. A. Inc.	FILED SECRETARY OF STAT DIVISION CORPORAT	, •
Principal Place of Business P.D Box 41: Mailing Address 1575 Hwy 17 North Lot 31- King Fisher Lane Haines Gith FL 33844 MOYOBAMBA. Peru S.A. ATT. Russ Bowen (T)			00 NOV 20 AH 10: L	, 3
2. Principal Place of Business 3. Mailing Address 2575 Hwy 17 North Novo Bamba. Peru. Sa. Lot 31 - Kingfisher. have. Halves city. FL. 33844				
Suite, Apt. #, etc. P. Ú Box. H.2.	t. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State MÖYUBAMRA PERU SA	BAMBA Peru SA		4. FEI Number 94 - 1599959	Applied For Not Applicable
Zip Country	Zip	Country	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 Name				
T) Plussell's Bousen Correct P.O.Box 42	RUSSEITS. DE DEN			
VADVOBAMBA. Peru SA	1575 HWY 27 Noi Lot 31 Kingfisher.	Hr. Lanc		
	Haines City, FL. 3		F	Zip Code
FEE IS \$61.25	Election Campaign Trust Fund Contribu	ution. Adde	DO May Be Make Check	nt of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DI Pres. FROEIA. M. BOWEN P.O.BOY #7 MOVED BAMBA. Peru. SI	□ Delete	TITLE D II PU		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP RUSSCIAB. Bowen (Y.P.) P.O. Box. 42 Moyobom Bo. Peru S.	Delete .	STREET ADDRESS CITY-ST-AP	Russella S. Bowen 2575 HwyThorth Lot 31 Kingfisher Lane Harnes City FL 33844	☐ Change ☐ Addition
TITLE (T) RUSSEIL S BOWER NAME STREET ADDRESS CITY-ST-ZIP TITLE (T) RUSSEIL S BOWER PO-BOX 42 MOVOBAMBA PEYU. S.		STREET ADDRESS	Russell S Bowen 2575 Hwy 27 North Lot 31 Kingfisher Lane Haines Cty FL 33844	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70000348:	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-11/30/00 *****70.00	- [] 1 4 hange [] 1 Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee emportanged, or on an attacpment with an address.	s true and accurate and that mo wered to execute this report a	v signature shall have the	same legal effect as if made under oath; that	I am an officer or director

SIGNATURE: SIGNATURE: CT) 4"RUSSEILS BOWEN OCT 512 2000 01-51-94-56-238.