

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90192 033 ****70.00

0001917

DOCUMENT # N00071

1. Entity Name

UNIVERSAL LIFE CHURCH OF PERU, S.A., INC.

Principal Place of Business

**MOVOBAMBA PERU S.A.
 P.O. BOX 42
 MOVOBAMBA, PERU S.A.
 OC**

Mailing Address

**2575 HWY 27 NORTH
 LOT 31 KINGFISHER LANE
 HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

**BOWEN, RUSSELL
 2575 HWY 27 NORTH
 LOT 31 KINGFISHER LANE
 HAINES CITY FL 33844**

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** ☐ Delete
 NAME **BOWEN, ERCELIA**
 STREET ADDRESS **2575 HWY 27 NORTH KINGFISHER LANE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BOWEN, RUSSELL A**
 STREET ADDRESS **2575 HWY 27 NORTH KINGFISHER LANE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BOWEN, RUSSELL S**
 STREET ADDRESS **2575 HWY 27 NORTH KINGFISHER LANE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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: RUSSELL BOWEN REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22 2001

1863-449-1820

Date

Daytime Phone #


CR2E037 (10/00)

60566608 Attachment
N00071

FLA. DEPT OF STATE.
DIVISION OF CORPORATIONS
P.O. Box 1500
Tallahassee, FL 32302-1500

Please Notice.

Under VD. is the name Bowen Russella. and is correct
we added the A. Because this is the name not Russell The computer
will not register the name Russella. Does not know this name. But
the name is VD Bowen Russella. Please take note.


TO