

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90040 019 ****61.25

DOCUMENT # *N01000004168*

1. Entity Name

JESUS TABERNACLE INC. ✓



DO NOT WRITE IN THIS SPACE

94060232

2. Principal Place of Business

14520 N.E 16 AVE

Suite, Apt. #, etc.

3. Mailing Address

2274 N.E 135 LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI, FLA

City & State

NORTH MIAMI BEACH, FLA

4. FEI Number

65-111 3655

Applied For

Not Applicable

Zip

33161

Country

U.S.A

Zip

33181

Country

U.S.A

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

7. Name and Address of Current Registered Agent

Name SALVATORE LATONA

Street Address (P.O. Box Number is Not Acceptable)

2274 N.E 135 LANE

City

NORTH MIAMI BEACH

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT P/D SALVATORE LATONA 2274 N.E 135 LANE N.M.B., FLA 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D KIM E.C. LATONA 2274 N.E 135 LANE N.M.B., FLA 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D RICHARD LACHASE 13210 MEMORIAL HWY. APT 114 NORTH MIAMI 33161 NEW
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

Salvatore Latona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-04

305-386-8316

305-940-6268

CR2E037B (12/02)