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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State
02-27-2002 90012 030 ****61.25

DOCUMENT # N01000006081

1. Entity Name

SEMINARIO BIBLICO DE FE - FAITH BIBLE SEMINARY, INC.

Principal Place of Business	Mailing Address
8925 RAMBLEWOOD DR. STE 2507 CORAL SPRINGS FL 33071	8925 RAMBLEWOOD DR. STE 2507 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1135692 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAY POPE, CORBETT
8925 RAMBLEWOOD DR, STE 2507
CORAL SPRINGS FL 33071

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	PD RAY POPE, CORBETT 8925 RAMBLEWOOD DR, STE 2507 CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHWARZ, DR EDWIN ~~8925 RAMBLEWOOD DR, STE 2507~~ ~~CORAL SPRINGS FL 33071~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6710 Beach Resort DR #4 Naples Florida 34114
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FERNANDEZ, JESUS ~~8925 RAMBLEWOOD DR, STE 2507~~ ~~CORAL SPRINGS FL 33071~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 13015 SW 142 CT Miami Florida 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POPE, ONLY MILTON ALVAREZ JONTE 277, RAMOS MEJIA COD,POS1704 PROV BUENOS AIRES ARGENTINA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HECKMAN, WARREN L 388 LINTNER RD, (W5895) PARDEEVILLE WI 53954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CARL V 20 GREENRIDGE WAY SPRING VALLEY NY 10977	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 TREASURER 2/1/02 954 344-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #