

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2002 8:00 am
Secretary of State

05-24-2002 91357 001 ****61.25

05-24-2002 91357 002 ****8.75

DOCUMENT # N01000007586

1. Entity Name

IGREJA CRISTA BETHEL, INC.

Principal Place of Business

Mailing Address

1050 HIGH GATE BLVD
WINTER GARDEN FL 34787

1050 HIGH GATE BLVD
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9405 BUD WOOD ST.
GOTH A - FL.
34734-5031 USA

4. FEI Number

46-0476334

Applied For

Not Applicable

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

IBRAHIM, JOHN

1050 HIGH GATE BLVD
WINTER GARDEN FL 34787

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
NAME IBRAHIM, JOHN
STREET ADDRESS 1050 HIGH GATE BLVD
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE VD
NAME RAMOS, MAXSUEL
STREET ADDRESS 1920 HARBOR POINT PKWY
CITY-ST-ZIP ATLANTA GA 30350

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

TITLE TD
NAME SILVA, DENISE
STREET ADDRESS 6980 ROSWELL RD G-4
CITY-ST-ZIP ATLANTA GA 30328

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2002 (321) 6638601

Date

Daytime Phone #

CR2E037 (9/01)