

2001-2002 UNIFORM BUSINESS REPORT (UBR)

0045990

DOCUMENT # N33819

1. Entity Name

FULL GOSPEL ASSEMBLY OF RIGHTEOUSNESS IN JESUS C

FILED

01 JAN -8 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3901 N.W. 2ND AVE.
MIAMI FL 33127

Mailing Address

3146 NW 68 STREET
SUITE 1
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0335865

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

RODRIGUEZ, CLIFTON F CPA
3146 N.W. 68 STREET
SUITE NO. 1
FT. LAUDERDALE FL 33309

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ETIENNE, EMY REV
749 N.E. 82ND STREET
MIAMI FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000002538940--2
-01/16/01--01145--003
*****61.25 *****61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ETIENNE, FRANTZ-SUZE
749 N.E. 82ND STREET
MIAMI FL 33138 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRANCHANT, ALFRED
780 N.E. 83 STREET
MIAMI FL 33138 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GABRIEL, JOSEPH
811 N.E. 82 TERRACE
MIAMI FL 33138 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ST. PHARD, J. PAUL
12433 N.E. MIA CT.
MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)