

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90200 013 ****70.00

DOCUMENT # N38340

1. Entity Name

METROCHURCH, INC.

Principal Place of Business

**3801 CRYSTAL LAKE DRIVE
POMPANO BCH. FL 33064**

Mailing Address

**3801 CRYSTAL LAKE DRIVE
POMPANO BCH. FL 33064-1203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0074401

Applied For

Not Applied For

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

**RALPH DIAZ GERARD
3801 CRYSTAL LAKE DRIVE
POMPANO BCH. FL 33064**

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

TITLE	PD	☐ Delete
NAME	RALPH DIAZ GERARD	
STREET ADDRESS	1121 SW 24TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ Delete
NAME	GERARD, JOANNA	
STREET ADDRESS	1121 SW 24TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	☒ Delete
NAME	BUSH, RICHARD L.	
STREET ADDRESS	3063 NW 48TH AVE, #803	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	☐ Delete
NAME	RENTERIA, STAN	
STREET ADDRESS	22461 ENSENDA WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	☒ Delete
NAME	GEORGE, ROY	
STREET ADDRESS	2227 NW 55TH WAY	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00 954-786-1553