

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90361 014 ****70.00

DOCUMENT # N40279

1. Entity Name

PENTECOSTAL CHURCH OF MIAMI, INC.

Principal Place of Business

Mailing Address

**81 NW 54TH ST.
 MIAMI FL 33127
 US**

**81 NW 54TH ST.
 MIAMI FL 33127-1731
 US**

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0220283

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

**PRUDENT, WILNER (REV)
 181 N.W. 88TH ST.
 MIAMI FL 33150**

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	DP	<input type="checkbox"/> Delete
NAME	PRUDENT, WILNER (REV)	
STREET ADDRESS	181 NW 88TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	CA	<input type="checkbox"/> Delete
NAME	JANVIER, RAYMOND	
STREET ADDRESS	60-62 NW 44TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PRUDENT, NAOMIE	
STREET ADDRESS	181 NW 88TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CLERVEAU, EDOUARD	
STREET ADDRESS	275 NW 182ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	PIERRE, MAGLOIRE JEAN	
STREET ADDRESS	174 NW 106 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	CA	<input checked="" type="checkbox"/> Delete
NAME	JANVIER, EDELINE	
STREET ADDRESS	60-62 NW 44 ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	DPM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	PRUDENT, WILNER (REV)	
STREET ADDRESS	181 N.W. 88 St	
CITY-ST-ZIP	Miami Fl. 33150	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	JANVIER RAYMOND	
STREET ADDRESS	60-62 N.W. 44 ST	
CITY-ST-ZIP	Miami Fl 33127	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	PRUDENT, NAOMIE (REV.)	
STREET ADDRESS	181N.W.88St Mia. Fl. 33150	
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	CLERVEAU, EDOUARD	
STREET ADDRESS	275 N.W. 182 St	
CITY-ST-ZIP	Mia. Fl. 33150	
TITLE	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	PIERRE, MAGLOIRE JEAN	
STREET ADDRESS	174 N.W. 106 ST	
CITY-ST-ZIP	Miami Fl 33150	
TITLE	AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	DESTINE JEAN	
STREET ADDRESS	6440 SW 23 ST MIRAMAR, FL.	
CITY-ST-ZIP	33023	

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 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

2/1/00
 Date

305-759466
 Daytime Phone #