

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90239 040 \*\*\*\*66.25

0000830

**DOCUMENT # N41769**  
 1. Entity Name  
**BETHESDA EVANGELICAL CHURCH OF MIAMI, INC.**

Principal Place of Business <b>% MARTINEZ JOVIN</b> <b>125 N.E. 119TH ST.</b> <b>NORTH MIAMI FL 33161</b>	Mailing Address <b>% MARTINEZ JOVIN</b> <b>125 N.E. 119TH ST.</b> <b>NORTH MIAMI FL 33161</b>
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**00041861**



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 <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**OBNEL, GEOFYES**  
**12301 GRIFFING BOULD**  
**NO MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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:**  
**SEE 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JOVIN, MARTINEZ</b>
STREET ADDRESS	<b>10615 N.W. 2ND CT.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JOVIN, IMMACULA</b>
STREET ADDRESS	<b>10615 N.W. 2ND CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33150</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BOUCARD, CHARLESTIN</b>
STREET ADDRESS	<b>1450 N E 151 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>MATHURIN, NICOLE</b>
STREET ADDRESS	<b>12035 NE 2 AVE., APT. 404</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JOSEPH, SAINT LOUIS</b>
STREET ADDRESS	<b>530 N W 110 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GERGES, OBNEL</b>
STREET ADDRESS	<b>12301 GRIFLING BLVD</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARTINEZ JOVIN **MARCH 31-01** **305 758 7329**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)