

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43851

1. Entity Name

"PHILADELPHIA" FIRST ROMANIAN PENTECOSTAL CHURCH
OF FLORIDA, INC.

Principal Place of Business

502 N 28TH AVE.
HOLLYWOOD FL 33020

Mailing Address

2735 LINCOLN ST
HOLLYWOOD FL 33020

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

65-0303537

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

MICA, EUGENE, REVEREND
2735 LINCOLN ST
HOLLYWOOD FL 33020

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 SD
NAME HATEGAN, MONICA
STREET ADDRESS 4025 JEFFERSON ST
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE SD
NAME HATEGAN, ADINA MONICA
STREET ADDRESS 3800 N. HILLS DR, #217
CITY-ST-ZIP HOLLYWOOD FL, 33021 ☐ Change ☐ Addition

TITLE PD
NAME MICA, EUGENE
STREET ADDRESS 2735 LINCOLN ST
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE TD
NAME HATEGAN, MARIUS
STREET ADDRESS 4025 JEFFERSON ST
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE TD
NAME HATEGAN, CORNELIU MARIUS
STREET ADDRESS 3800 N. HILLS DR, #217
CITY-ST-ZIP HOLLYWOOD FL, 33021 ☐ Change ☐ Addition

TITLE VPD
NAME MICA, PARASCHIVA
STREET ADDRESS 2735 LINCOLN STREET
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ 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

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 or without like empowered.

SIGNATURE:

Nicobing

1-31-02 (954) 920-7938



DO NOT WRITE IN THIS SPACE

CRZE037 (9/01)