

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90070 005 ****61.25

DOCUMENT # N45012

1. Entity Name

PENTECOSTAL COUNCIL HIGHWAY TO HEAVEN, INC.

Principal Place of Business

**5467 NW 24TH STREET
 OKEECHOBEE FL 34974
 US**

Mailing Address

**3503 SW 20TH ST.
 OKEECHOBEE FL 34974
 US**

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

NOT APPLICABLE

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

**MORALES, WILSON REV.
 5467 NW 24TH STREET
 OKEECHOBEE FL 34974**

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 **PD** ☐ Delete
 NAME **APONTE, EFRAIN**
 STREET ADDRESS **3503 SW 20TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **PD** ☐ Change ☐ Addition
 NAME **APONTE EFRAIN**
 STREET ADDRESS **3503 S/W 20 TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **S** ☐ Delete
 NAME **VIERA, ROSA**
 STREET ADDRESS **3503 SW 20 ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **S** ☒ Change ☐ Addition
 NAME **ROSA VICTORIA CARDONA**
 STREET ADDRESS **210 NW 12 TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **D** ☐ Delete
 NAME **MARINA APONTE**
 STREET ADDRESS **3503 SW 20TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **D** ☒ Change ☐ Addition
 NAME **MARIA ESTHER PRADO**
 STREET ADDRESS **3634 NW 33 RD AVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972-1278**

TITLE **T** ☐ Delete
 NAME **GONZALEZ, MAYDA**
 STREET ADDRESS **909 SW 2ND ST**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **T** ☐ Change ☐ Addition
 NAME **GONZALEZ MAYDA**
 STREET ADDRESS **909 SW 2ND ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *Efrain Aponte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21-01 (863) 357-3253

Date

Daytime Phone #

CR2E037 (10/00)