

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90181 025 \*\*\*\*61.25

**DOCUMENT # N45012**

1. Entity Name

**PENTECOSTAL COUNCIL HIGHWAY TO HEAVEN, INC.**

Principal Place of Business

Mailing Address

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

**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 SW 20TH 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 **CARDONA ROSA**  
STREET ADDRESS **210 NW 12TH 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 GERAEL APONTE**  
STREET ADDRESS **3503 SW 20TH ST**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

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**

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:

*E. Efrain Aponte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 28 - 2002*

Date

*(863) 357-3253*

Daytime Phone #

CR2E037 (9/01)