

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90071 001 \*\*\*\*61.25  
02-18-2002 90071 002 \*\*\*\*8.75

**DOCUMENT # N50136**

1. Entity Name

**EGTSEMANI CORPORATION**

Principal Place of Business

6225 JOHNSON STREET  
HOLLYWOOD FL 33024  
US

Mailing Address

6225 JOHNSON STREET  
HOLLYWOOD FL 33024  
US

2. Principal Place of Business

**6225 JOHNSON STREET**

Suite, Apt. #, etc.

3. Mailing Address

**6225 JOHNSON STREET**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FLORIDA**

Zip

**33024-5931**

Country

**U.S.A.**

City & State

**HOLLYWOOD, FLORIDA**

Zip

**33024-5931**

Country

**U.S.A.**

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

**BARRETO, JUAN J**  
**4679 SW 19TH ST.**  
**FT. LAUDERDALE FL 33317**

7. Name and Address of New Registered Agent

Name  
**Rev. FELIPE ARROYO**  
Street Address (P.O. Box Number is Not Acceptable)  
**3006 SW 23 TERRACE**

City  
**PEMBROKE PARK, FL** Zip Code  
**33009**

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 *Rev. Felipe Arroyo* *New Pres* *Old Pres.* *01/25/02*  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>BARRETO, JUAN B</b> <b>20885 NW 9 CT</b> <b>MIAMI FL 33169</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CANDELARIA, ZORZIDA</b> <b>4800 SW 16 ST</b> <b>FORT LAUDERDALE FL 33317</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CRUZ, ABIGAIL</b> <b>5923 HAYES ST</b> <b>HOLLYWOOD FL 33021</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>TOLEDO, JOSE</b> <b>6380 SW SHERMAN ST</b> <b>HOLLYWOOD FL 33024</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>20FR</b> <b>LUGO, SONIA M</b> <b>4252 SW 21 ST</b> <b>FORT LAUDERDALE FL 33317</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V</b> <b>RODRIGUEZ, JOSE D</b> <b>120 SW 69 TR</b> <b>PEMBROKE PINE FL 33023</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Rev. FELIPE ARROYO</b> <b>3006 SW 23 TERRACE</b> <b>PEMBROKE PARK, FL. 33009</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/P/D</b> <b>JUAN B. BARRETO</b> <b>20885 NW 9 COURT</b> <b>MIAMI, FLORIDA, 33169</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>ZORAIDA CANDELARIA</b> <b>4800 SW 16 STREET</b> <b>FT. LAUDERDALE, FLORIDA, 33317</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D</b> <b>ABIGAIL CRUZ</b> <b>5923 HAYES ST.</b> <b>HOLLYWOOD, FLORIDA, 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>YOAN PUPO</b> <b>128 MIAMI GARDEN RD</b> <b>HOLLYWOOD, FLORIDA, 33023</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/D</b> <b>SONIA M. LUGO</b> <b>4252 SW 21 STREET</b> <b>FT. LAUDERDALE, FL. 33317</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Rev. Felipe Arroyo P/D. 01/25/02 (305) 469-2895*

CR2E037 (9/01)

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <u>CONTINUATION:</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Attachment</i>
1/V/D TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete JOSE D. RODRIGUEZ 120 SW 69 TERRACE PEMBROKE PINE, FLORIDA, 33023	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2/V/D TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete JUAN J. BARRETO 4679 SW 19th STREET FT. LAUDERDALE, FLORIDA 33317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3/V/D TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete ELENA CORDERO	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Attachment  
Document #  
N50136*

*P/O. Rev. Felipe Arroyo*

*01/25/02 (305) 469-2895*