

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50561

1. Entity Name

PENTECOSTAL CHURCH BIBICAL & MISSIONARY ASSOCIAT

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90010 048 ****66.25

Principal Place of Business 13176 NW 7TH AVE NORTH MIAMI FL 33169 US	Mailing Address 140 NW 163RD STREET #1 NORTH MIAMI FL 33169-6541 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0356310	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAN, INOCENCIO
13176 NW 7TH AVE
NORTH MIAMI FL 33168

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	ROMAN INOCENCIO	
STREET ADDRESS	140 NW 163 ST APT 1	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROMAN GILDA	
STREET ADDRESS	140 NW 163 ST 1	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERDOMO NERYS MIGDALIA	
STREET ADDRESS	2331 NW 35 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VENERANDA, PIERRE A	
STREET ADDRESS	16030 NE 19TH COURT #107	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE PERATTA, GLORIA	
STREET ADDRESS	140 NW 163 ST APT 14	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Nerys Perdomo	
STREET ADDRESS	115 NW 202 Terr Apt 113	
CITY-ST-ZIP	Miami FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veneranda Pierre	
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: *Inocencio Roman* **Inocencio Roman** **4-26-2000 305-947-1969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)