

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0042925

DOCUMENT # N50561

1. Entity Name

PENTECOSTAL CHURCH BIBICAL & MISSIONARY ASSOCIAT

05-17-2001 91294 039 ****61.25

Principal Place of Business

Mailing Address

13176 NW 7TH AVE
 NORTH MIAMI FL 33169
 US

140 NW 163RD STREET
 #1
 NORTH MIAMI FL 33169
 US

655562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0356310

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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	<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		

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	PT-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perdomo Nerys	
STREET ADDRESS	115 NW 202 Street #113	
CITY-ST-ZIP	Miami FL 33169	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veneranda Pierre A	
STREET ADDRESS	16030 NE 19 Court #107	
CITY-ST-ZIP	N Miami Beach FL 33161	
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 of an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*

5-1-01 305 947-1969

CR2E037 (10/00)