

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90299 006 ****61.25

DOCUMENT # N50561

1. Entity Name

**PENTECOSTAL CHURCH BIBICAL & MISSIONARY ASSOCIAT
 ION, INC.**

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

13140 NW 7 ave

2. Principal Place of Business

North Miami FL 33168

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**

DO NOT WRITE IN THIS SPACE



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 Delete
 NAME **PD ROMAN INOCENCIO**
 STREET ADDRESS **140 NW 163 ST APT 1**
 CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD ROMAN GILDA**
 STREET ADDRESS **140 NW 163 ST 1**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD PERDOMO NERYS MIGDALIA**
 STREET ADDRESS **115 NW 202ND TERR, APT 113**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD VENERNDA, PIERRE A**
 STREET ADDRESS **16030 NE 19TH COURT #107**
 CITY-ST-ZIP **N MIAMI BEACH FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DE PERATTA, GLORIA**
 STREET ADDRESS **140 NW 163 ST APT 14**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
 NAME **Geo R Gea. SANTANA ROS TA**
 STREET ADDRESS **16030 NE 19th N. miami Beach**
 CITY-ST-ZIP **FL 33162**

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:

Inocencio Roman
Inocencio Roman 5-1-02 305-947 1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)