

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 035 ****61.25

DOCUMENT # N50561



1. Entity Name
**PENTECOSTAL CHURCH BIBICAL & MISSIONARY ASSOCIAT
ION, INC.**

Principal Place of Business Mailing Address
13140 NW 7TH AVE NORTH MIAMI FL 33168 US
140TH NW 163RD STREET #1 NORTH MIAMI FL 33169 US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **140 NW 163RD Street #4 North Miami Fl.**

City & State City & State

Zip Country Zip Country
33169 US

4. FEI Number **65-0356310** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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 **Roman Inocencio**
Street Address (P.O. Box Number is Not Acceptable) **13140 NW 7 Ave**
North Miami
City **FL** Zip Code **33168**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida 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	115 NW 202ND TERR, APT 113	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VENERNDA, PIERRE A	
STREET ADDRESS	16030 NE 19TH COURT #107	
CITY-ST-ZIP	N MIAMI BEACH FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTANA EOS, GEORGE A	
STREET ADDRESS	1603 NE 19 CT	
CITY-ST-ZIP	MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roman Inocencio	
STREET ADDRESS	140 NW 163 ST APT 4	
CITY-ST-ZIP	North Miami FL 33169	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilda Roman	
STREET ADDRESS	140 NW 163 ST APT 4	
CITY-ST-ZIP	North Miami FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ludy Zabala	
STREET ADDRESS	1365 NE 141 ST MIAMI, FL 33161	
CITY-ST-ZIP	Miami	

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 5-1-03 305 947-1969

CR2E037 (10/02)