2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300000109 1. Entity Name PENTECOSTAL MOVEMENT ESMIRNA OF HOLLYWOOD, INC.					FILED Jan 29, 2000 8:00 am Secretary of State 01-29-2000 90133 023 ****61.25		
Principal Place of Business		Mailing Address					
6451 PEMBROKE RD. HOLLYWOOD FL 33023		2305 SW 61 AVE. HOLLYWOOD FL 33023-2951			. (911028	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE	
City & Stat	e	City & State		4. FEI Numb	er 65-0380254	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	Name		Address of New Register	ed Agent	
GUZMAN, NIDIA C 2305 SW 61 AVE. HOLLYWOOD FL 33023				Street Address (P.O. Box Number is Not Acceptable)			
8. The above	named entity submits this statement for the stat	me	Direc	registered agent, or bo		FL Zip Code	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D GUZMAN, NIDIA 2305 SW 61 AVE. MIRAMAR FL 33023	CTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CH	HANGES TO OFFICERS AND	D DIRECTORS IN 10 ☐ Addition☐ Change ☐ Addition	
TITLE NAME ** STREET ADDRESS** CITY_ST-ZIP **	T SALINAS, MARGARITA '321 N 67TH AVE HOLLYWOOD FK 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second second	-	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINTANA, MIRIAM 6731 JOHNSON STREET #110 HOLLYWOOD FL 33024	. 🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, JULIO 2305 SW 61 AVE. MIRAMAR FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, NOELBA 1501 NE MIAMI GARDENS DR. #3 N. MIAMI BEACH FL 33179	₹© Delete	.TITLE NAME STREET ADDRESS CITY-ST-ZIP	Noelba Her 1501 NE 1 N. Min B	mades Mie Grd. Dr Bck, 712 33171	© Change ♥ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change ☐ Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with appenderses, with the control of the contr	rue and accurate and that n rered to execute this report	ny signature shall ha as required by Cha	ave the same legal effect pter 617, Florida Statute	ct as if made under oath; the es; and that my name appea	at I am an officer or director ars in Block 10 or Block 11 if	
SIGNAT	URE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER	OR DIRECTOR	meetor	103/0-) Date	961 - \$7.60 Daytime Phone #	