

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0026188

03-20-2002 90068 001 *****70.00

DOCUMENT # N93000000216

1. Entity Name

PENTECOSTAL MOVEMENT ESMIRNA OF NORTH MIAMI, INC

Principal Place of Business

Mailing Address

462 N.W. 111TH TERRACE
 MIAMI SHORES FL 33168

462 N.W. 111TH TERRACE
 MIAMI SHORES FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0380247

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

ARROYO, SUSANA
462 N.W. 11TH TERRACE
MIAMI SHORES 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	D <input type="checkbox"/> Delete
NAME	ARROYO, SUSANA
STREET ADDRESS	462 N.W. 111TH TERR
CITY-ST-ZIP	MIAMI SHORES FL 33168
TITLE	D <input type="checkbox"/> Delete
NAME	ARROYO, EDWIN
STREET ADDRESS	462 N.W. 111TH TERR
CITY-ST-ZIP	MIAMI SHORES FL 33168
TITLE	D <input type="checkbox"/> Delete
NAME	RODRIGUEZ, DAMIAN SR
STREET ADDRESS	1510 N.E. 207TH STREET
CITY-ST-ZIP	NORTH MIAMI FL 33179-2105
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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
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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: *Edwin Arroyo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02 (305) 758-0487
 Date Daytime Phone #

CR2E037 (9/01)