

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002479

1. Entity Name

FIRST INTERNATIONAL PENTECOSTAL CITY MISSION CHU

Principal Place of Business

6010 DEWEY ST
HOLLYWOOD FL 33023
US

Mailing Address

6010 DEWEY ST
HOLLYWOOD FL 33023-1819
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STEWART, DONAVAN E
6010 DEWEY ST
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME WINT, LEVITA
STREET ADDRESS 2611 NW 60 WAY #204
CITY-ST-ZIP SUNRISE FL 33313

TITLE D ☐ Delete
NAME PHILLIPS, VIOLA
STREET ADDRESS 14841 NW 16 DR
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ Delete
NAME LAWSON, CASWELL
STREET ADDRESS 4135 NW 79 AVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete
NAME CLEMETSON, VERA
STREET ADDRESS 251 SW 97 TERR.
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Levita Wint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEVITA WINT

Date

1/10/00

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90226 039 ****61.25

00004662



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0423051 ☐ Applied For ☐ Not Applicable

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

CR2F037 (9/99)