

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004665

1. Entity Name

CHURCH OF ALPHA AND OMEGA HOUSE OF PRAYER FOR AL

Principal Place of Business

18800 N.W. 2ND AVE.
ROOM 207
MIAMI FL 33269

Mailing Address

P.O. BOX 693118
MIAMI FL 33269-0118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0445356

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDORE, MOLIERE PASTOR
18135 N.W. 42ND PLACE
OPA LOCKA FL 33055

Address change to →

Name

Ridore, Moliere Pastor

Street Address (P.O. Box Number is Not Acceptable)

3500 SW 174th Way

City

Miramar

FL

Zip Code

33029

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
STREET ADDRESS RIDORE, MOLIERE
CITY-ST-ZIP 18135 NW 42ND PLACE
OPA LOCKA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3500 SW 174 way
CITY-ST-ZIP Miramar FL 33029

TITLE ☐ Delete
NAME TD
STREET ADDRESS RIDORE, YOLETTE
CITY-ST-ZIP 18135 NW 42ND PLACE
OPA LOCKA FL 33055

TITLE ☐ Change ☐ Addition
NAME T/V/D
STREET ADDRESS 3500 SW 174 way
CITY-ST-ZIP Miramar FL 33029

TITLE ☐ Delete
NAME SYLVAIN, ERNEST
STREET ADDRESS 2649 W RIVIERA DR
CITY-ST-ZIP MIRAMER FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS CHANTAL, CHARLES
CITY-ST-ZIP 6781 MEADE ST
HOLLYWOOD FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS CHARLES, GEORGES
CITY-ST-ZIP 6781 MEADE ST
HOLLYWOOD FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90027 009 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)