

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004665

1. Entity Name

CHURCH OF ALPHA AND OMEGA HOUSE OF PRAYER FOR AL

Principal Place of Business

Mailing Address

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDORE, MOJIERE PASTOR  
3500 SW 174TH WAY  
MIRAMAR FL 33029

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  
After September 12, 2001, min. will be \$236.25

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 PD  
NAME RIDORE, MOJIERE  
STREET ADDRESS 3500 SW 174 WAY  
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 300005023943--0  
CITY-ST-ZIP -02/27/02--01059--002  
\*\*\*\*297.50 \*\*\*\*297.50 ☐ Change ☐ Addition

TITLE TVD  
NAME RIDORE, YOLETTE  
STREET ADDRESS 3500 SW 174TH WAY  
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

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

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

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

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

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

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

TITLE T  
NAME Rachelle Ridore  
STREET ADDRESS 6781 Meade Street  
CITY-ST-ZIP Hollywood FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Sylvain Ridore*

10/10/2001

FILED  
02 FEB 18 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0445356 ☐ Applied For  
☐ Not Applicable

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

CR2E037 (5/01)