

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90005 031 ****70.00

DOCUMENT # N93000004865

1. Entity Name

YAHWEH UNIVERSAL CHURCH (Y'HVH), CORP.



Principal Place of Business

**2712 NW 27 AVE
 MIAMI FL 33172
 US**

Mailing Address

**9540 SW 36 ST
 #B
 MIAMI FL 33165
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0436414

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARLOS ALBERTO SILVA SANTISTEBAN
 14474 SW 174 TERRACE
 MIAMI FL 33177**

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

Carlos Silva **PRESIDENT**

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	BPD	<input type="checkbox"/> Delete
NAME	SILVA-SANTISTEBAN, CARLOS ALBERTO	
STREET ADDRESS	15279 SW 134 CT #1204	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	REIMUNDO, ALVAREZ J	
STREET ADDRESS	9540 SW 36 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALBERTO, SUARES	
STREET ADDRESS	2712 NW 29 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JOES M	
STREET ADDRESS	9540 SW 36 ST #A	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	SUARES, MARIA	
STREET ADDRESS	2712 NW 21 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	SUARES, MARIA	
STREET ADDRESS	2712 NW 29 AVE	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	BPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA-SANTISTEBAN, CARLOS ALBERTO	
STREET ADDRESS	14474 SW - 174 TERRACE SW	
CITY-ST-ZIP	MIAMI Florida 33177	
TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE RAIMUNDO	
STREET ADDRESS	9540 SW 36 ST #B	
CITY-ST-ZIP	MIAMI FL - 33165	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTO, SUARES	
STREET ADDRESS	2712 NW 29 AV	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	CPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE RAIMUNDO	
STREET ADDRESS	9540 SW 36 ST	
CITY-ST-ZIP	MIAMI FL - 33165	
TITLE	CPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA, SUARES	
STREET ADDRESS	2712 NW - 21 AV	
CITY-ST-ZIP	MIAMI, FL - 33186	
TITLE	ALVAREZ, JOSE RAIMUNDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE RAIMUNDO	
STREET ADDRESS	9540 SW - 36 ST	
CITY-ST-ZIP	MIAMI FL 33165	

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 REQUIRED

09-08-01

305-559 9070

305-553 7394

CR2E037 (5/01)