

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90159 001 ****61.25

DOCUMENT # N93000004865

1. Entity Name

YAHWEH UNIVERSAL CHURCH (Y'HVH), CORP.

Principal Place of Business

Mailing Address

NW 27 AVE
 MI FL 33172

9540 SW 36 ST
 #B
 MIAMI FL 33165
 US

2. Principal Place of Business

7378 NW 35 Terr

3. Mailing Address

14474 SW 144 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33122

Country

US

Zip

33177

Country

US

4. FEI Number

65-0436414

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

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]

PRES

04-13-02

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 **BPD** ☒ Delete
 NAME **SILVA-SANTISTEBAN, CARLOS ALBERTO**
 STREET ADDRESS **14474 SW 174 TERRA SW**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Silva-Santisteban, Carlos Alberto**
 STREET ADDRESS **14474 SW 144 Terr.**
 CITY-ST-ZIP **Miami, Florida 33177**

TITLE **CPD** ☒ Delete
 NAME **REIMUNDO, ALVAREZ J**
 STREET ADDRESS **9540 SW 36 ST B**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **V** ☒ Change ☐ Addition
 NAME **Reimundo, Alvarez J.**
 STREET ADDRESS **9540 SW 36 ST B**
 CITY-ST-ZIP **miami, Florida 33165**

TITLE **TD** ☒ Delete
 NAME **ALBERTO, SUARES**
 STREET ADDRESS **2712 NW 29 AVE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **T** ☒ Change ☐ Addition
 NAME **Alberto Suarez**
 STREET ADDRESS **2712 NW 29 AVE**
 CITY-ST-ZIP **miami, Florida 33186**

TITLE **CPD** ☒ Delete
 NAME **ALVAREZ, JOES M**
 STREET ADDRESS **9540 SW 36 ST**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D** ☒ Change ☐ Addition
 NAME **Jacques Bernateau**
 STREET ADDRESS **P.O. Box 524211**
 CITY-ST-ZIP **miami, Florida 33152**

TITLE **CPD** ☒ Delete
 NAME **SUARES, MARIA**
 STREET ADDRESS **2712 NW 21 AVE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **S** ☒ Change ☐ Addition
 NAME **Juan Davila**
 STREET ADDRESS **P.O. Box 524211**
 CITY-ST-ZIP **miami, Florida 33152**

TITLE **VCPD** ☒ Delete
 NAME **ALVAREZ, FE**
 STREET ADDRESS **9540 SW 36 ST**
 CITY-ST-ZIP **MIAMI FL 33165**

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 REQUIRED

PRES

04-13-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)