FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # **N93000004865** 05-06-2002 90159 001 ****61.25 YAHWEH UNIVERSAL CHURCH (Y'HVH), CORP. Principal Place of Business Mailing Address NW 27 AVE 9540 SW 36 ST MI FL 33172 #B MIAMI FL 33165 2. Principal Place of Business Mailing Address 378 14474_5W LLYY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For lia<u>mı</u> Florida 65-0436414 11ami Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 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)-= Carlos-Alberto-Silva-Santisteban 14474 SW 174 TERRACE MIAMI FL 33177 Zip Code FL 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. 04-13-02 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Change (9/01) ☐ Addition Iva-Sautiesteban, Carlos Alberto SILVA-SANTISTEBAN, CARLOS ALBERTO NAME NAME 14474 SW 144 Terr. STREET ADDRESS 14474 SW 174 TERRA SW STREET ADDRESS CITY-ST-ZIP Miami, FLorida 33177 MIAMI FL 33177 CITY-ST-7IP CPD Delete TITLE TITLE Change Addition Reimundo, Alvarez J. 9540 SW 36 ST B REIMUNDO, ALVAREZ J NAME NAME STREET ADDRESS 9540 SW 36 ST B STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-7IF FLorida 33165 TD. TITLE . Delete TIT! F Change Addition Alberto Suares ALBERTO, SUARES NAME 2712 NW 29 AVE STIS NW 29 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP MIAMI FL 33186 <u>miami, Florida</u> 33186 CPD **✓** Delete TITLE ALVAREZ, JOES M Jacques Bernateau NAME P.O. Box 524211 miami Florida 33152 STREET ADDRESS 9540 SW 36 ST \ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 CPD Delete TITLE ☐ Addition NAME SUARES, MARIA luan Davila NAME P.O. Box 524211 miarri Florid STREET ADDRESS 2712 NW 21 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 **VCPD** TITLE Delete TITLE ☐ Change ☐ Addition ALVAREZ, FE NAME NAME STREET ADDRESS 9540 SW 36 ST STREET ADDRESS CITY-ST-7IP 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: