

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90463 010 *****70.00

0083312

DOCUMENT # N94000002711

1. Entity Name

IQ'VOT YESHUA HAMASHIACH, INC.

Principal Place of Business

**5989 S FEDERAL HWY
 FORT PIERCE FL 34982**

Mailing Address

**2488 GINGER TERRACE
 JENSEN BEACH FL 34957**

00049991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P O Box 12475

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34982

Country

USA

4. FEI Number

65-0479993

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VALDES, SERGIO
 2488 NE GINGER TERRACE
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name **Lisa A. Petric**

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

5989 S. Federal Hwy

City **Fort Pierce**

FL

Zip Code

34987

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

Lisa A. Petric

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEASLEY, FREDERICK	
STREET ADDRESS	8612 SW 17TH AVE	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, TERRY	
STREET ADDRESS	4808 SE SALVATORI RD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, GREGORY	
STREET ADDRESS	2168 SE HARRISON ST	
CITY-ST-ZIP	STUART FL	
TITLE	PVP	<input checked="" type="checkbox"/> Delete
NAME	VALDES, SERGIO	
STREET ADDRESS	2488 NE GINGER TERR	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, GREGORY	
STREET ADDRESS	2168 SE HARRISON ST	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HODGENS, HENRY	
STREET ADDRESS	8671 SW 17TH AVE	
CITY-ST-ZIP	STUART FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa A. Petric	
STREET ADDRESS	5989 S. Federal Hwy	
CITY-ST-ZIP	Fort Pierce, FL 34987	
TITLE	VP T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne L. Valdes	
STREET ADDRESS	2488 NE Ginger Terrace	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philippe Pelofi	
STREET ADDRESS	4600 Amnerst Circle #80	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George E. Petric	
STREET ADDRESS	5989 S. Federal Hwy	
CITY-ST-ZIP	Fort Pierce, FL 34987	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George M. Petric	
STREET ADDRESS	501 Ulrich Road	
CITY-ST-ZIP	Fort Pierce, FL 34982	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lola Anderson	
STREET ADDRESS	30520 cedar Drive	
CITY-ST-ZIP	Burlington, WI 53105	

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:

Lisa A. Petric

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01

Date

1-561-464-4134

Daytime Phone #

CR2E037 (10/00)