

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002711

1. Entity Name

IQ'VOT YESHUA HAMASHIACH, INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90033 017 ****70.00

Principal Place of Business

Mailing Address

5989 S FEDERAL HWY
FORT PIERCE FL 34982

PO BOX 12475
FORT PIERCE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0479993

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

PETRIC, LISA A
5989 S. FEDERAL HWY
PORT SAINT LUCIE FL 34987

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

Lisa A. Petrie

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

(NOTE: Registered Agent signature required when reinstating)

4-20-02

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 PS ☐ Delete
NAME PETRIE, LISA A
STREET ADDRESS 5989 S. FEDERAL HWY
CITY-ST-ZIP FORT PIERCE FL 34987

TITLE ☐ Change ☒ Addition
NAME Sergio A. Valdes
STREET ADDRESS 2488 NE Ginger Terrace
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE VPT ☐ Delete
NAME VALDES, JOANNE L
STREET ADDRESS 2488 NE GINGER TERRACE
CITY-ST-ZIP JENSEN BEACH FL 34957

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

TITLE D ☐ Delete
NAME PELOFI, PHILIPPE
STREET ADDRESS 4600 AMHERST CIRCLE #80
CITY-ST-ZIP WEST PALM BEACH FL 33417

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

TITLE D ☐ Delete
NAME PETRIE, GEORGE E
STREET ADDRESS 5989 S. FEDERAL HWY
CITY-ST-ZIP FORT PIERCE FL 34987

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

TITLE D ☐ Delete
NAME PETRIE, GEORGE M
STREET ADDRESS 501 ULRICH ROAD
CITY-ST-ZIP FORT PIERCE FL 34982

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

TITLE D ☐ Delete
NAME ANDERSON, LOLA
STREET ADDRESS 30520 CEDAR DRIVE
CITY-ST-ZIP BURLINGTON WI 53105

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:

Sergio A. Valdes

Joanne L. Valdes

4/30/02 (772) 467-7194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)