## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **N94000004620** Feb 20, 2000 8:00 am **Secretary of State** MARANATHA CHRISTIAN CHURCH ASSEMBLIES OF GOD, IN 02-20-2000 90002 017 \*\*\*\*70.00 Principal Place of Business Mailing Address 6901 NW 70 AVE. P.O. BOX 25636 TAMARAC FL 33320-5636 TAMARAC FL 33321 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0521250 Not Applicable Zip Country \$8.75 Additional Country 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) SOLA, PEDRO O 3700 NW 79 AVE CORAL SPRINGS FL 33065 3061 tement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entire submits this st SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Change ☐ Addition PD ☐ Delete TITLE NAME NAME SOLA, PEDRO O STREET ADDRESS 12262 W SAMPLE RD. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Addition ☐ Delete Change TITLE TITLE NAME ROSARIO, RUTH D STREET ADDRESS STREET ADDRESS 12262 W SAMPLE RD. CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** Change Addition Delete APD APD TITLE TITLE MUNIZ NEMESIO NAME VALENTIN, JOSUE NAME STREET ADDRESS 8000 HAMPLON BIND APT 208 STREET ADDRESS 2222 POLK ST APT 4 North LANDERWALE, Fl 33068 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Addition Delete TITLE TITLE TD UNLEWIN REARDO ROSARIO, JOSE J NAME NAME STREET ADDRESS STREET ADDRESS 4714 NW 48 AVE. CITY-ST-ZIP CITY-ST-ZIP TAMARA FL 33319 ☐ Delete TITLE NAME NAME MARLYNE, GOMEZ STREET ADDRESS STREET ADDRESS 1955 SW 67 TERR CITY-ST-ZIP CITY-ST-ZIP **DOMSANO BEACH FL 33068** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 to an 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 other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/2000 (954)720-0016