

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004620

1. Entity Name

MARANATHA CHRISTIAN CHURCH ASSEMBLIES OF GOD, IN C.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90036 014 *****70.00

Principal Place of Business
6901 NW 70 AVE.
TAMARAC FL 33321
US

Mailing Address
P.O. BOX 25636
TAMARAC FL 33320
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number 65-0521250
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOLA, PEDRO O
6901 NW 70TH AVE
TAMARAC FL 33321

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, 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

TITLE	PD	☐ Delete
NAME	SOLA, PEDRO	
STREET ADDRESS	11874 W SAMOLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	☐ Delete
NAME	ROSARIO, RUTH D	
STREET ADDRESS	11874 W SAMOLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	APD	☐ Delete
NAME	NEMESIO, MUNIZ	
STREET ADDRESS	8000 HAMSTON BLVD APT 208	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	TD	☐ Delete
NAME	DEF CASTILLO, SYLVETTE	
STREET ADDRESS	10066 NW 4TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	SD	☒ Delete
NAME	LOPEZ, JANETTE	
STREET ADDRESS	7620 WEST WOOD DR	
CITY-ST-ZIP	TAMARAC FL 33021	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☐ Addition
NAME	SANABEZ, ZULMA	
STREET ADDRESS	6390 NW 88 AVE. APT 8-203	
CITY-ST-ZIP	LAUDERDALE, FL 33351	
TITLE	APD	☐ Change ☒ Addition
NAME	MANZON, GUILLERMO	
STREET ADDRESS	10211 NW 82ST	
CITY-ST-ZIP	TAMARAC, FL 33321	

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 authorized 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/01 (954) 720-0016

Date

Daytime Phone #