

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005839

1. Entity Name

METODISTA PENTECOSTAL CHURCH INC.

FILED
Sep 22, 2000 8:00 am
Secretary of State

09-22-2000 90005 013 ****70.00

Principal Place of Business

121 N DIXIE HWY
HALLANDALE FL 33009
US

Mailing Address

121 NORTH DIXIE HIGHWAY
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0701195

Applied For

Not Applicable

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

VELEZ, JOSE M
2008 JACKSON ST
D-4
HOLLYWOD FL 33020

Name

Angel J. Rivera

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

3248 SW 62 Ave

DAVIE

City

FL

Zip Code

33314

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

After September 13, 2000 min. will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	VELEZ, JOSE M REV	
STREET ADDRESS	2008 JACKSON ST APT D-4	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NIEVES, PRINCESS	
STREET ADDRESS	6450 FRANKLIN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, DORIS	
STREET ADDRESS	3248 S.W. 62ND AVE.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELENDEZ-VELEZ, IRIS	
STREET ADDRESS	2008 JACKSON ST APT D-4	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angel J. Rivera	
STREET ADDRESS	3248 SW 62 Ave	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Princess Nieves	
STREET ADDRESS	6450 Franklin St	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eduardo Melendez	
STREET ADDRESS	3241 Sabal Palm Manor Apt. #102	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	Paula Rivera Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula Rivera	
STREET ADDRESS	3248 SW 62 Ave	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)