

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90126 034 \*\*\*\*61.25

**DOCUMENT # N97000000452**

1. Entity Name

**JONATHAN SETTEL INTERNATIONAL MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**6047 KIMBERLY BLVD.  
 SUITE R  
 NORTH LAUDERDALE FL 33068**

**6047 KIMBERLY BLVD.  
 SUITE R  
 NORTH LAUDERDALE FL 33068**

2. Principal Place of Business

**1750 University Drive**

Suite, Apt. #, etc.

**Suite 120**

City & State

**Coral Springs, FL**

Zip

**33071**

Country

**USA**

3. Mailing Address

**1750 University Drive**

Suite, Apt. #, etc.

**Suite 120**

City & State

**Coral Springs, FL**

Zip

**33071**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0751932**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SETTEL, JONATHAN  
 6047 KIMBERLY BLVD  
 STE R  
 NORTH LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name

**Jonathan Settel (same)**

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

**1750 University Dr. Suite 120**

City

**Coral Springs,**

**FL**

Zip Code

**33071**

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                             | <input type="checkbox"/> Delete |
| NAME           | SETTEL, JONATHAN               |                                 |
| STREET ADDRESS | 6047 KIMBERLY BLVD., SUITE R   |                                 |
| CITY-ST-ZIP    | NORTH LAUDERDALE FL 33068      |                                 |
| TITLE          | VD                             | <input type="checkbox"/> Delete |
| NAME           | SETTEL, SHARON                 |                                 |
| STREET ADDRESS | 6047 KIMBERLY BLVD., SUITE R   |                                 |
| CITY-ST-ZIP    | NORTH LAUDERDALE FL 33068      |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | STEPAKOFF, MICHAEL             |                                 |
| STREET ADDRESS | 220 E. MADISON ST., SUITE 1010 |                                 |
| CITY-ST-ZIP    | TAMPA FL 33602                 |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1750 University Drive Suite 120 |  |
| STREET ADDRESS | Coral Springs, FL 33071         |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1750 University Drive Suite 120 |  |
| STREET ADDRESS | Coral Springs, FL 33071         |  |
| CITY-ST-ZIP    |                                 |  |
| 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    |                                 |  |
| 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

**SIGNATURE REQUIRED**

**1/32/2002 (954) 575-8787**

CR2E037 (9/01)