

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001364

1. Entity Name

SO PEACEFUL INTERCOASTAL CHAPEL, INC.

Principal Place of Business

2034 NE 155 STREET
MIAMI FL 33162

Mailing Address

2034 NE 155 STREET
MIAMI FL 33162

2. Principal Place of Business

2046 N.E. 155th St

Suite, Apt. #, etc.

3. Mailing Address

2046 N.E. 155th St

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

Zip
33162

Country

City & State

N. MIAMI BEACH, FL

Zip

33162

Country

4. FEI Number

65-0759548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, RICHARD

2034 NE 155 STREET
MIAMI FL 33162

2046 N.E. 155th St.

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

2/15/2001

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 D
NAME NELSON, RICHARD
STREET ADDRESS 2034 NE 155 STREET
CITY-ST-ZIP MIAMI FL 33162 2046 N.E. 155th St.

TITLE D
NAME GOLDING, STEVE
STREET ADDRESS 1475 W. CYPRESS CREEK RD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE D
NAME SATCHELL, MARK
STREET ADDRESS 443 HENDRICKS DR
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

Date

Daytime Phone #

2/15/2001

CR2E037 (10/00)

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90489 025 ****61.25



DO NOT WRITE IN THIS SPACE