

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001695

1. Entity Name

TEMPLE OF THE DIVINE PRESENCE, INC.

Principal Place of Business

Mailing Address

1236 PINE RIDGE CIR. WEST UNIT B2
TARPON SPRINGS, FL 34689-6459

SAME

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

65-0738616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

80025666

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

President/Director
Rev. Gaudioso Beruvides
1236 Pine Ridge Cir. West Unit B2
Tarpon Springs, FL 34689-6459

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 Rev. Gaudioso Beruvides, President

02/15/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	President/Director	<input type="checkbox"/> Delete
NAME	Rev. Gaudioso Beruvides	
STREET ADDRESS	1236 Pine Ridge Cir. West U B2	
CITY-ST-ZIP	Tarpon Springs, FL 34689-6459	
TITLE	Secretary/Treasurer/Director	<input type="checkbox"/> Delete
NAME	Arlene Luis	
STREET ADDRESS	3121 S.W. 139 Ave.	
CITY-ST-ZIP	Miami, FL 33175-6515	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Marc Paneque	
STREET ADDRESS	5971 S.W. 46th Terrace	
CITY-ST-ZIP	Miami, FL 33155	
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 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		
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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:

Rev. Gaudioso Beruvides, President

02/15/2000

(727) 944-3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)