

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 19, 2001 8:00 am
Secretary of State

05-19-2001 90284 030 ***158.75

DOCUMENT # **N97000003219**

1. Entity Name

TABERNACLE OF GOD, Church, Inc.

Principal Place of Business

Mailing Address

**2488 W. LAKE IDA RD
DEIRAY BCH, FL 33445**

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

65-0833670

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

Name

PIERRE NOEL VALCENA

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

2488 W. LAKE IDA RD

City

DEIRAY BEACH

FL

Zip Code

33445

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

P. N. Valcena

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PIERRE N. VALCENA** ☐ Delete
NAME
STREET ADDRESS **2488 W. LAKE IDA RD**
CITY-ST-ZIP **DEIRAY BCH, FL 33445**
11 PRESIDENT

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

TITLE **ELIE YMOCEI** ☐ Delete
NAME
STREET ADDRESS **1630 Stone Haven Dr. Apt #3**
CITY-ST-ZIP **BOYNTON BCH, FL 33436**
VICE-PRESIDENT

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

TITLE **LAURETTE VALCENA** ☐ Delete
NAME
STREET ADDRESS **2488 LAKE IDA RD**
CITY-ST-ZIP **DEIRAY BCH, FL 33445**
SECRETARY/TREASURER

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

TITLE **AIAIN DESTIN** ☐ Delete
NAME
STREET ADDRESS **3145 E 21th AVE**
CITY-ST-ZIP **BOYNTON BCH, FL 33435**
TREASURER

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

P. N. Valcena

PIERRE VALCENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/29/01 (361) 274-0044

Daytime Phone #