

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003506**

1. Entity Name

GRACE PRIMITIVE CHURCH OF GOD, INC.

Principal Place of Business

**665 NW 132 STREET
MIAMI FL 33168**

Mailing Address

**530 N.W. 116 TERR.
MIAMI FL 33168
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90345 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0770385

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMILIEN, MARTIN
530 N.W. 116TH TERR.
MIAMI FL**

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

**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	SIMILIEN, MARTIN	
STREET ADDRESS	530 N.W. 116TH TERR.	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SAULIEN, LUC	
STREET ADDRESS	500 NW 117 STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMILIEN, VIERGELIE	
STREET ADDRESS	530 NW 116TH TERR.	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMILIEN, ANNA	
STREET ADDRESS	1145 NW 116 STREET	
CITY-ST-ZIP	MIAMI FL	

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		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

CHANGES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-01

Date

(305) 682-7819

Daytime Phone #

CR2E037 (10/00)