

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004600

1. Entity Name

COURTS OF PRAISE OF SOUTH FLORIDA, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90024 024 \*\*\*\*61.25

C0042227



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1511 NW 91ST AVENUE APT. #928 CORAL SPRINGS FL 33071	1511 NW 91ST AVENUE APT. #928 CORAL SPRINGS FL 33071-5506

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	Fee Required
<input type="checkbox"/>	\$8.75 Additional

6. Name and Address of Current Registered Agent
FOGANHOLI, JOSE C 1511 NW 91ST AVENUE APT. #928 CORAL SPRINGS FL 33071

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> Delete
NAME	FOGANHOLI, JOSE C	
STREET ADDRESS	1511 NW 91AVE APT #928	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	NAME	<input type="checkbox"/> Delete
NAME	BERGMANN, FLAVIO	
STREET ADDRESS	4830 E. MARINERS WAY	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	NAME	<input type="checkbox"/> Delete
NAME	MARGO, NILSON	
STREET ADDRESS	4840 E. MARINERS WAY	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	NAME	<input type="checkbox"/> Delete
NAME	FOGANHOLI, JOSE	
STREET ADDRESS	5000 C. LIGHTHOUSE CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	NAME	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<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: Jose C. Foganholi JOSE C. Foganholi 3116100 954-255-0001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)