

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004600

1. Entity Name

COURTS OF PRAISE OF SOUTH FLORIDA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90325 027 ****61.25

0036916

Principal Place of Business

1511 NW 91ST AVENUE
APT. #928
CORAL SPRINGS FL 33071

Mailing Address

1511 NW 91ST AVENUE
APT. #928
CORAL SPRINGS FL 33071

2. Principal Place of Business

Suite, Apt. #, etc.
44 N. OCEAN BLVD.

City & State
POMPANO BEACH

Zip
33062

Country

3. Mailing Address

Suite, Apt. #, etc.
44 N. OCEAN BLVD.

City & State
POMPANO BEACH

Zip
33062

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P FOGANHOLI, JOSE C 1511 NW 91AVE APT #928 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGMANN, FLAVIO 4830 E. MARINERS WAY COCONUT CREEK FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGO, NILSON 4840 E. MARINERS WAY COCONUT CREEK FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGANHOLI, JOSE 5000 C. LIGHTHOUSE CIR COCONUT CREEK FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARLES W. MOORE 4384 NW 9 AVE Bldg 19 3-D DEERFIELD BEACH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEBORAH S. MOORE 4384 NW 9 AVE Bld 19 3-D DEERFIELD BEACH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA B. FOGANHOLI 1511 NW 91 AVE APT 9-28 CORAL SPRINGS FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY JACK ABBOTT 5748 AUBERGER DR. FAIRFIELD OH 45014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOSE CARLOS FOGANHOLI 4-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

(954) 255-0074