

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90009 014 ****70.00

DOCUMENT # N97000006769

1. Entity Name

"THE GOOD SHEPHERD" PENTECOSTAL CHURCH, INC.

Principal Place of Business

6012 N.W. 9TH CT.
MARGATE FL 33068

Mailing Address

181 SW 74TH AVE
MARGATE FL 33068-1437
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

702 SW 81 AV

Suite, Apt. #, etc.

2A

City & State

North Lauderdale

Zip

33068

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBARAN, PABLO
181 S.W. 74TH AVE.
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name **BARBARAN, PABLO JR.**

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

702 SW 81 AV. Apt # 2A

City **NORTH LAUDERDALE**

FL

Zip Code **33068**

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

Pablo Barbaran Jr. PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

6-28-00

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	DP	<input type="checkbox"/> Delete
NAME	BARBARAN, PABLO	
STREET ADDRESS	181 SW 74TH AVE.	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BARBARAN, PABLO JR.	
STREET ADDRESS	10911 NW 45TH STREET APT #3	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MONTANO, ANA	
STREET ADDRESS	11581 N.W. 45TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARAN, PABLO JR.	
STREET ADDRESS	702 SW 81 AV. APT. #2A	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARAN, PABLO	
STREET ADDRESS	181 SW 74TH AVE.	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR C. POZO.	
STREET ADDRESS	181 SW 74TH AVE.	
CITY-ST-ZIP	MARGATE FL 33068	
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
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:

Pablo Barbaran Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/00

Date

(954) 718-5580

Daytime Phone #

CR2E037 (9/99)