

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

03-02-2001 90064 009 ****70.00

DOCUMENT # N97000006769

1. Entity Name

"THE GOOD SHEPHERD" PENTECOSTAL CHURCH, INC.

Principal Place of Business

6012 N.W. 9TH CT.
MARGATE FL 33063

Mailing Address

702 SW 81 AV
#2 A
NORTH LAUDERDALE FL 33068
US

2. Principal Place of Business

3. Mailing Address

4699 N. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tamiami - FL

Zip

Country

Zip

Country

33319

USA

4. FEI Number

65-1126473

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBARAN, PABLO JR.
702 SW 81 AV
APT #2A
NORTH LAUDERDALE FL 33068

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

Pablo Barbaran Jr

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

(NOTE: Registered Agent signature required when reinstating)

8/2/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS
NAME BARBARAN, PABLO
STREET ADDRESS 181 SW 74TH AVE.
CITY-ST-ZIP MARGATE FL 33068 ☒ Delete

TITLE DP
NAME BARBARAN, PABLO JR
STREET ADDRESS 702 SW 81 AV Apt # 2A
CITY-ST-ZIP North Lauderdale, FL 33068 ☒ Change ☐ Addition

TITLE DP
NAME BARBARAN, PABLO JR
STREET ADDRESS 702 SW 81 AV APT 2A
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE DT
NAME POZO, VICTOR C.
STREET ADDRESS 6572 SW 8th
CITY-ST-ZIP North Lauderdale, FL 33068 ☒ Change ☐ Addition

TITLE DT
NAME POZO, VICTOR C
STREET ADDRESS 181 SW 74 AV
CITY-ST-ZIP MARGATE FL 33068 ☐ Delete

TITLE DS
NAME CORVERA NORMA
STREET ADDRESS 422 Lakeside Dr. Apt # 232
CITY-ST-ZIP MARGATE, FL 33063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Pablo Barbaran Jr

8/2/01 (954) 714-7888

CR2E037 (5/01)

08/03/01 FRI 20:37 FAX 678 530 6156

TELETYPE

Internal Revenue Service

Accounts Management Division I
Branch II - Teletin Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7235
FAX 678-530-6156

Date: August 3, 2001

EMPLOYEE IDENTIFICATION NUMBER: 0716926561

TO:	PABLO BARBARAN JR	FAX:	954-714-8622
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	THE GOD SHEPHERD PENTECOSTAL CHURCH INC	Employer ID #	65-1126473
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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Form **SS-4**
(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

Attachment 11367 #297000006669

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly

1 Name of applicant (legal name) (see instructions) THE GOD SHEPHERD PENTECOSTAL CHURCH, INC	
2 Trade name of business (if different from name on line 1) NONE	3 Executor, trustee, "care of" name NONE
4a Mailing address (street address) (room, apt., or suite no.) 4699 N. STATE RD7 C4	5a Business address (if different from address on lines 4a and 4b) 6012 NW 9TH CT
4b City, state, and ZIP code TAMARAC, FLORIDA 33319	5b City, state, and ZIP code MARGATE FL 33063
6 County and state where principal business is located BROWARD FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions) ► 591-48-4859 PABLO BARBARAN	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmer's cooperative
<input checked="" type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other (specify) ►	(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) 08/10/1997	11 Closing month of accounting year (see instructions) 12/31/01
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	0
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (see instructions) ► RELIGIOUS SERVICES
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►
	<input type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ►	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(954) 714-7888

Fax telephone number (include area code)

(954) 714-8622

Name and title (Please type or print clearly.)

PABLO BARBARAN JR

Signature

Pablo Barbaran Jr

Date

8/2/01

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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