2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 16, 2001 8:00 am Secretary of State DOCUMENT # N9700006769 1. Entity Name 03-02-2001 90064 009 ****70 00 "THE GOOD SHEPHERD" PENTECOSTAL CHURCH, INC. W Principal Place of Business Mailing Address 6012 N.W. 9TH CT. 702 SW 81 AV MARGATE FL 33063 #2 A NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 5=1126473 1 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired SA Fee Required - 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARBARAN, PABLO IR. 702 SW 81 AV APT #2A Zip Code City **NORTH LAUDERDALE FL 33068** FI 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DS TITLE Delete Change Addition (5/01) TITLE BARBARAN, PABLO IR BARBARAN, PABLO NAME NAME 702 SW 81 AV Apt # 21 North Lauderclate, FL 33061 181 SW 74TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MARGATE FL 33068 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition POZO, VICTOR BARBARAN, PABLO JR NAME NAME 6572 SW STREET ADDRESS 702 SW 81 AV APT 2A STREET ADDRESS North-Lauderdele, FL 33068. CITY-ST-ZIP_ NORTH LAUDERDALE FL 33068 CITY-ST-ZIP-TITLE ☐ Delete ☐ Addition TITLE CORVERA NORMA POZO, VICTOR C 422 Lakeside Dr. Apt # 232 STREET ADDRESS 181 SW 74 AV STREET ADDRESS CITY-ST-ZIP MARGATE FL 33068 CITY-ST-ZIP HARGATE, FL 33063 Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tydstee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

08/03/01 PRI, 20:37 FAX 878 530 8156

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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

<u> </u>	PABLO BARBARAN JR	FAX:	954-714-8622
TO:		Pages:	1
FROM:	Accounts Management Division I Teletin Unit	1	
Company	THE GOD SHEPHERD PENTECOSTAL	Employer ID #	65-1126473
Name	CHURCH INC	Employer 10 #	
Company Name		Employer ID#	
Company Name		Employer ID *	
Company Name		Employer ID#	
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This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the communication via fax at the number given. Thank you.

HTIL	achmont	130	7	#2	970	<u>7/)0 C</u>	6769	
Form SS-4 (Rev. April 2000)	Application for For use by employers,	Employer	Identifica	ation I	lumber	EIN	7-	
Department of the Treasury	government agencies	s, certain individu	als, and others.	s, estates, See instru	ctions.)	OMB No.	1545-0003	
Internal Revenue Service (egal name) (see instructions)	Keep a copy for y	our records.		•			
1	HERD PENTECOSTA		INC					
	ess (if different from name or		3 Executor, trustee, "care of" name					
NONE 4a Mailing address (str			NONE					
4a Mailing address (str	eet address) (room, apt., or s	suite no.)	5a Business address (if different from address on lines 4a and 4b)					
5 4699 N. ISTA	PE RD7 C4		6012 NW 9TH CT 5b City, state, and ZIP code					
0)	MARGATE FL 33063							
TAMARAC, FLOI 6 County and state wh BROWARD FLOR 7 Name of principal off	ere principal business is loca	ted	TIMMOTTE	<u></u>	9009			
BROWARD FLOR	[DA			•				
_ ' ' '	icer, general partner, grantor,	owner, or trustor	- SSN or ITIN may	y be require	ed (see instru	ctions) ▶ 591	-48-4859	
PABLO BARBAI 8a Type of entity (Check onl								
	i limited liability company, se		or line 8a.					
Sole proprietor (SSN)			SSN of decedent)					
Partnership	Personal service cor		ninistrator (SSN)					
. =	National Guard	· —	rparation (specify))- > ====				
State/local governmer	· · · · · · · · · · · · · · · · · · ·			- · · · .				
Church or church-conf		Federal	government/milita	•				
Other nonprofit organi	zation (specify)		(ent	er GEN if a	pplicable)			
8b If a corporation, name the	etate or foreign country	State			Foreign cou	ntn		
(if applicable) where inco	-	Ciate		1	r oreign çou	iiu y		
	ck only one box.)(see instruc		purpose (specify p					
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Created a pension plan (specify type) ▶								
		see instructions)		Other (s		ting year (see i	nstructions)	
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