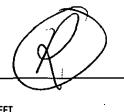
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700006774

1. Entity Name



Sep 11, 2000 8:00 am Secretary of State

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09-11-2000 90001 019 ****61.25

SINAI THEOLOGICAL INSTITUTE, INC. Principal Place of Business Mailing Address 10220 N. 23RD STREET 10220 N. 23RD STREET

TAMPA PL 304	2	IAMEA	FL 33012						,	
2. Principal P	Place of Business	3. Maili	ng Address		· · · ·	_				
2. Trinopart lace of positioss			S. Managara							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City	City & State			4. FEI Number 59-349 1947 Applied For Not Applied by				7
Zip Country		7:	Zip C		<u> </u>				Not Applicable	┥
		Zip			try	5. Certificate of Status Desired \$8.75 Additional Fee Required				_
	6. Name and Address of Curre	nt Registere	d Agent		7. Name and Address of New Registered Agent					
				- 1	Name					
RIVERA, S	SAMUFI		Street			Address (P.O. Box Number is Not Acceptable)				
	23RD STREET				<u> </u>					1
tampa fi	L 33612							1		4
,*					City FL Zip Code					
8. The above	named entity submits this statemen	for the purpo	se of changing its	registered	office or regist	ered agent, or both	n, in the state of Flori	da.		7
CICLIATURE	•									
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if appl	cable. (NOTI	E: Registered A	Agent signature requir	red when reinstating)		DATE		
	FILE NOW: FEE IS \$61.25 tember 13, 2000 min. will be	\$236.25	9. Election Cam Trust Fund Co			55.00 May Be		Check Payable artment of State		
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CH/	NGES TO OFFICER	S AND DIRECTORS	IN 10	┥`
TITLE	PD	DINCOTONS		TITLE		7001110140) <u>(111</u>	THE STO OFFICE	☐ Chang		18
NAME	RIVERA, SAMUEL		L Delete	NAME	ļ					Į,
STREET ADDRESS	10220 N. 23RD ST.			STREET	ADDRESS					5
CITY-ST-ZIP	TAMPA FL 33612			CITY-S	T- ZIP					_ 5
TITLE	VPD		☐ Delete	TITLE				☐ Chang	e 🔲 Addition	3
NAME	RIVERA, SERITA			NAME				•		Ì
STREET ADDRÉSS CITY-ST-ZIP	10220 N. 23RD ST. TAMPA FL 33612			CITY-S	ADDRESS T-7IP					
TITLE	STD		Delete	TITLE			·	Chang	e	┥
NAME	NEGRON, ORLANDO		□ Delete	NAME	ļ .			_ Cilling	,	1
STREET ADDRESS	10220 N. 23RD ST.				ADDRESS					
CITY-ST-ZIP	TAMPA FL 33612			CITY-S	T-ZIP					
TITLE			☐ Delete	TITLE				☐ Chang	e 🔲 Addition]
NAME		يوسد المحيي يود		NÀME	→		· ~ ~ ~ ~ ~ ~			1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP					4
TITLE	{		☐ Delete	TITLE				☐ Chang	e 🔲 Addition	1
NAME				NAME	*DODECO					
STREET ADDRESS	1			STREE	ADDRESS					- 1

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: A

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Z. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

SAMUEL KIVETA

☐ Change

■ Addition