2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006774

1. Entity Name
Sinai theological Institute INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 AM 11:51

Principal Place of Business
10220 No. 23rd St
tampa FL. 33612

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
tampa FL.
Suite, Apt. #, etc.
City & State
Zip
Country Hillsborough

3. Mailing Address
Same About
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3491477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Rev. Samuel Rivera
10220 No. 23rd St
tampa FL. 33612

7. Name and Address of New Registered Agent
Name ← Same
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P.D NAME STREET ADDRESS CITY-ST-ZIP	Rev. Samuel Rivera ☐ Delete President. 10220 N. 23rd st tmp Fl. 33612	TITLE P.D NAME STREET ADDRESS CITY-ST-ZIP	Rev. Samuel Rivera ☐ Change ☐ Addition 10220 N. 23rd st tampa FL. 33612
TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	vice. Pres ☐ Delete Serita Rivera 10220 N. 23rd st tmpa FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S.D NAME STREET ADDRESS CITY-ST-ZIP	Sec/tres ☐ Delete ORLANDO NEGRON 4/0 8019 VAN DYKE PL tpa FL 33604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300004721233--4 -12/12/01--01080--007 *****61.25 *****61.25
TITLE NAME 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Rev [illegible] Rivera 9-10-01 813-601-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #