## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Sep 11, 2001 8:00 am Secretary of State DOCUMENT # N9800000615 1. Entity Name 09-11-2001 90003 004 \*\*\*\*75.75 FIRST INTERNATIONAL PENTCOSTAL CHURCH OF GOD INC Principal Place of Business Mailing Address A0084832 500 NW 193 ST 5702 NW 7 AVE MIAMI FL 33127 MIAM! FL 33169 3. Mailing Address 2. Principal Place of Business 9625 NW 12 CF Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0805558 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired *331.*27 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DALGER, ELITES 500 NW 193 ST MIAMI FL 33169 City 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 **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE DALGBER, ELITES NAME NAME STREET ADDRESS STREET ADDRESS 500 NW 193 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Delete ☐ Change Addition TITLE TITLE DALGER, IMANIA NAME NAME STREET ADDRESS STREET ADDRESS 500 NW 193 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 TITLE TS ☐ Delete TITLE Addition GUILLAWME, NORILER NAME NAME STREET ADDRESS STREET ADDRESS 1001 NW 6 ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Addition TITLE ☐ Delete TITLE ☐ Change PREDEZUS, DECON N NAME NAME STREET ADDRESS 2010 NE 162 ST APT 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33162 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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. 06-04-01 SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP