

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006388

1. Entity Name

MONTE HOREB CHURCH ASSEMBLY OF GOD, INC.

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90047 004 ****61.25

0071562

Principal Place of Business

Mailing Address

27367 SW 117 PL
HOMESTEAD FL 33032
US

27367 SW 117 PL
HOMESTEAD FL 33032
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0875605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
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)

City

FL

Zip Code

MATUS, JOSE
27367 SW 117 PL
HOMESTEAD FL 33032

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 PD ☐ Delete
NAME MATUS, JOSE
STREET ADDRESS 27367 SW 117 PL
CITY-ST-ZIP HOMESTEAD FL 33032

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

TITLE SDVD ☐ Delete
NAME MATUS, CELESTE
STREET ADDRESS 27367 SW 117 PL
CITY-ST-ZIP HOMESTEAD FL 33032

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

TITLE TD ☐ Delete
NAME MATUS, CELESTE
STREET ADDRESS 27367 SW 117 PL
CITY-ST-ZIP HOMESTEAD FL 33032

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

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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)