

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005836

1. Entity Name

INTERNATIONAL PENTECOSTAL CHURCH OF JESUS CHRIST

Principal Place of Business

4011 NE DIXIE HWY
POMPANO BEACH FL 33064

Mailing Address

4011 NE DIXIE HWY
POMPANO BEACH FL 33064-4326

2. Principal Place of Business

1203 NE 8th ST
Suite, Apt. #, etc.

3. Mailing Address

SAME # 2
Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

4. FEI Number

63-0753051

Applied For

Not Applicable

Zip
33064

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIA E. D. C. SANTOS
4011 NE DIXIE HWY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

TITLE PD
NAME MARIA E. D. C. SANTOS
STREET ADDRESS 3001 NW 4TH TERRACE, #183
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE VD
NAME SANTOS, MOACIR M
STREET ADDRESS 3001 NW 4TH TERRACE, #183
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE SD
NAME TIBARI, ELISABETE
STREET ADDRESS 640 CYPRESS CLUB WAY, APT #1
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE TD
NAME SANTOS, PEDRINA S
STREET ADDRESS 3001 NW 4TH TERRACE, #183
CITY-ST-ZIP POMPANO BEACH FL 33064 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME ISAJAR SAMUEL
STREET ADDRESS NE 12th AVE
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change ☒ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/00

(954) 783-9623

KE

Date

Daytime Phone #

CR2E037 (9/99)