

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

INTERNATIONAL PENTECOSTAL CHURCH
OF JESUS CHRIST OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1203 NE 8th ST
POMPANO BEACH, FL 33064

SAME ADDRESS

2. Principal Place of Business

3. Mailing Address

1203 NE 8th ST.

1203 NE 8th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0753051

Applied For

Not Applicable

Zip

33060

Country

U.S.A.

Zip

33060

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0038458

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Maria Ernestina da Cruz Santos

(954) 540-6382 03/13/01

Date

Daytime Phone #

CR2E037 (11/00)