

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007163

1. Entity Name

CHILDREN'S VICTORY CENTER INTL., INC

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90010 033 ****75.00

Principal Place of Business

Mailing Address

551 NW 42 AV. #B-512
PLANTATION FL 33317

551 NW 42 AV. #B-512
PLANTATION
FL 33317

40072906

2. Principal Place of Business

3. Mailing Address

551 NW 42 AV. #B-512

551 NW 42 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#B-512

#B-512

City & State

City & State

PLANTATION FL

PLANTATION FL

4. FEI Number

65-0984917

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

33317

BROWARD

Zip

Country

33317

BROWARD

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

PASTOR OBIKE D. IROHA
551 NW 42 AV. #B-512
PLANTATION FL 33317

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PASTOR OBIKE D. IROHA - PRESIDENT
551 NW 42 AV. #B-512
PLANTATION FL 33317

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
SPARKLE SANGSTER
5821 NW 7 AV. #401
MIAMI FL 33127

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
IJEOMA D. IROHA
551 NW 42 AV. #B-512
PLANTATION FL 33317

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
DR. NOCH EKWURIBE
216 COLTSGATE DR
CARY, NC 27511

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

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

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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/00

CR2E037 (9/99)