

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27515

1. Entity Name

CHURCH OF WORLD MESSIANITY, LOS ANGELES INCORPOR

Principal Place of Business

Mailing Address

1971 W 190TH ST. STE 280
TORRANCE CA 90504
US

1971 W 190TH ST. STE 280
TORRANCE CA 90504-6238
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANDIDO, ROMILSON
7455 COLLINS AVE., #203-
MIAMI BCH FL 33141

Name

JOSE AROUCA

Street Address (P.O. Box Number is Not Acceptable)

7455 COLLINS AVE., #203

City

MIAMI BEACH

FL

Zip Code

33141

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

Jose Arouca

JOSE AROUCA

01/25/00

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 ☐ Delete
NAME TOBA, RAY
STREET ADDRESS 23025 KENT AVE.
CITY-ST-ZIP TORRANCE CA 90505

TITLE VD ☒ Delete
NAME SANTOS, PAULO
STREET ADDRESS 120 BEACHWOOD DR
CITY-ST-ZIP LOS ANGELES CA 90004

TITLE D ☒ Delete
NAME AMMAR, LARRY.
STREET ADDRESS 115 W 16TH ST #210
CITY-ST-ZIP NEW YORK CITY NY 10011

TITLE TD ☐ Delete
NAME SAKI, TOM
STREET ADDRESS 2309 SEPULVEDA WAY
CITY-ST-ZIP TORRANCE CA

TITLE S ☒ Delete
NAME WALKER, MARGARET
STREET ADDRESS 367 JUNIPERO AVE
CITY-ST-ZIP LONG BEACH CA 90814

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VA ☒ Change ☒ Addition
NAME STARRON, PAT
STREET ADDRESS 5386 N. PASEO DE LA TERRAZA
CITY-ST-ZIP TUCSON, AZ 85750

TITLE A ☒ Change ☒ Addition
NAME MENEZES, SIANEY DE
STREET ADDRESS 100 GOLDEN ISLES DR. #601
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2800 PLAZA DEL AMO, #242
CITY-ST-ZIP TORRANCE, CA 90503

TITLE S ☐ Change ☒ Addition
NAME WALAN, LISELI
STREET ADDRESS 1704 PALISADE AVE.
CITY-ST-ZIP UNION CITY, NJ 07087

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

Saki 01/25/00 (310) 523-3840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90023 004 ****61.25

00012171



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-6082408

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required