

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90600 028 \*\*\*\*61.25

**DOCUMENT # P27515**

1. Entity Name

**CHURCH OF WORLD MESSIANITY, LOS ANGELES INCORPOR**

Principal Place of Business

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

Mailing Address

1971 W 190TH ST. STE 280  
 TORRANCE CA 90504  
 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

**95-6082408**

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

AROUCA, JOSE  
 7455 COLLINS AVE., #203  
 MIAMI BCH FL 33141

Name

**JOSE AROUCA**

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

**7601 E TREASURE DRIVE, #419**

City

**NORTH BAY VILLAGE 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**

**02/07/01**

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	<input type="checkbox"/> Delete
NAME	TOBA, RAY	
STREET ADDRESS	23025 KENT AVE.	
CITY-ST-ZIP	TORRANCE CA 90505	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STARRON, PAT	
STREET ADDRESS	5386 N. PASEO DE LA TERRAZA	
CITY-ST-ZIP	TUCSON AZ 85750	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENEZES, SIDNEY DE	
STREET ADDRESS	100 GOLDEN ISLES DR. #601	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAIKI, TOM	
STREET ADDRESS	2800 PLAZA DEL AMO, #242	
CITY-ST-ZIP	TORRANCE CA 90503	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALKER, LISELI	
STREET ADDRESS	1704 PALISADE AVE.	
CITY-ST-ZIP	UNION CITY NJ 07087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALAN-GUTARRA, LISELI	
STREET ADDRESS	9039 SLIGO CREEK PKWY, #1703	
CITY-ST-ZIP	SILVER SPRING, MD 20901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Saik* **02/07/01 (310) 523-3840**

Date

Daytime Phone #

CR2E037 (10/00)