

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27515

1. Entity Name

CHURCH OF WORLD MESSIANITY, LOS ANGELES INCORPORATED

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  
7601 E TREASURE DRIVE  
419  
NORTH BAY VILLAGE FL 33141

Name JOSE AROUCA

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

2075 SW 122ND AVE., #209

City MIAMI

FL

Zip Code 33175-7336

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

01/07/02

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

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

TITLE VD  
NAME STARRON, PAT  
STREET ADDRESS 5386 N. PASEO DE LA TERRAZA  
CITY-ST-ZIP TUCSON AZ 85750 ☐ Delete

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

TITLE D  
NAME MENEZES, SIDNEY DE  
STREET ADDRESS 100 GOLDEN ISLES DR. #601  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

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

TITLE TD  
NAME SAIKI, TOM  
STREET ADDRESS 2800 PLAZA DEL AMO, #242  
CITY-ST-ZIP TORRANCE CA 90503 ☐ Delete

TITLE T  
NAME BOB STARRON  
STREET ADDRESS 5386 N PASEO DE LA TERRAZA  
CITY-ST-ZIP TUCSON, AZ 85750 ☒ Change ☐ Addition

TITLE S  
NAME WALAN-GUTARRA, LISELI  
STREET ADDRESS 9039 SLIGO CREEK PKW 1703  
CITY-ST-ZIP SILVER SPRING MD 20901 ☐ Delete

TITLE S  
NAME CAROL MARTIN  
STREET ADDRESS 5830 N POST TRAIL  
CITY-ST-ZIP TUCSON, AZ 85750 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 REQUIRED

*Raymond*

01/07/02 (30) 523-3840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)