

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90142 043 ***150.00

DOCUMENT# P98000035353

1. Entity Name

ONLY JESUS SAVES, CORP.

Principal Place of Business

**5251 GATE LAKE ROAD
TAMARAC FL 33319 US**

Mailing Address

**5251 GATE LAKE ROAD
TAMARAC FL 33319 US**

2. Principal Place of Business

8601 NW 35th STREET

3. Mailing Address

8601 NW 35th STREET

Suite, Apt. #, etc.

APT # 5

Suite, Apt. #, etc.

APT # 5

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-0828635

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RIBEIRO, PRISCILLA
5251 GATE LAKE ROAD
TAMARAC FL 33319**

7. Name and Address of Now Registered Agent

**MARIA JOSE PACHECO
Street Address (P O Box Number is Not Acceptable)
8601 NW 35th STREET, APT # 5**

CORAL SPRINGS

FL 33065

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 *Maria Jose Pacheco*

Signature, typed or printed name of registered agent and title if applicable

04/17/02

DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** may Be Added to Fees
Trust Fund Contribution... ☐

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIBEIRO, MARIA A	
STREET ADDRESS	5251 GATE LAKE ROAD	
CITY - ST - ZIP	TAMARAC FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IPINCE, LISA D	
STREET ADDRESS	5251 GATE LAKE ROAD	
CITY - ST - ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	1	<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	PVTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA JOSE PACHECO	
STREET ADDRESS	8018 NW 43rd STREET, APT # 207	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	
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		

13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Jose Pacheco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02 (954) 575-1432

Date Daytime Phone #