NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT# F9600005176

1. Entity Name

IGREJA PRESBITERIANA DE BOSTON INC.

FILED Apr 01, 2002 8:00 am Secretary of State

04-01-2002 90621 034 ****70.00

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1/1/1/11	<i>)</i> VV	1			OLACE

3. Mailing Address 2. Principal Place of Business B0055817 1920 SE 4TH STREET 1920 SE 4TH STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, Pic. Applied For 4. FEI Number City & State City & State 04-3076131 Not Applicable DEERFIELD BEACH - FL DEERFIELD BEACH - FL Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33441 USA 33441 USA 7...Name.and.Address.of.Current.Registered.Agent DAVID P. BEZERRA DO NOTWRITE. Street Addres.~ (PO, Box Number is Not Acceptable) IN THIS SPACE City BOCA RATON Zip Code 33486 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 DATE (NOTE: Registered Agent signature required when reinstating Make Check Payable to 9. Election Campaign Financing **FEE IS \$61.25** \$5.00 may Be Department of State TrUSt Fund Contribution. Added to Fees Inital or Amended UOR OFFICERS AND DIRECTORS 10. TITLE TITLE BEZERRA, DAVID NAME NAME 1920 SE 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF BOCA RATON - FL - 33486 TITLE BEZERRA, DIOGENES NAME NAME 183 FOREST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-71P MEDFORD - MA - 02155 TITLE TITLE FONSECA, CEZAR NAME NAME DO NOT WRITE 3304 MALLARD CLOSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF POMPANO BEACH - FL - 33064 CITY SI ZIP TITLE IN THIS SPACE EUGENIO, VANIA NAME NAME 1310 W. CAMINO REAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON - FL - 33486 TITLE TITLE ANDRADE, JEAN CARLO NAME NAME STREET ADDRESS STREET ADDRESS 1121 NW. 49TH STREET CITY- ST - ZIP CITY-ST-218 POMPANO BEACH - FL - 33064 TITLE SANTOS, LUCIVANIA GOMES NAME STREET ADDRESS 5480 LIONS ROAD # 106 STREET ADDRESS COCONUT CREEK - FL - 33073 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 effects 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daugher DAUID P. BEZERRA

03/15/2002

561-417-8680