2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90104 007 ****61.25

DOCUMENT # N00000007509

1. Entity Name

ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF ORLAN DO, INC.

Principal Place of Business	Mailing Address
7810 KINGSPOINTE PKWY. STE. 113 ORLANDO FL 32819	7810 KINGSPOINTE PKWY. STE. 113 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: P. O. Box 616777	Suite, Apt. #, etc.: P. O. Box 616777
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32861-6777 Country: ORANGE	Zip: 32861-6777 Country: ORANGE

4. FEI Number: 59-3685953 ☐ 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
CARVALHO, ENIO 518 LAKESCAPE CT. ORLANDO FL 32828	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SALVADOR, ADHERBAL 7810 KINGSPOINTE PKWY, STE. 113 ORLANDO FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NEVES, ELIZETE 7810 KINGSPOINTE PKWY, STE. 113 ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEVES, ELIZETE P.O. BOX 616777 ORLANDO, FL, 32861-6777 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARVALHO, ENIO 7810 KINGSPOINTE PKWY, STE. 113 ORLANDO FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OLIVEIRA, JEAN P.O. BOX 616777 ORLANDO, FL, 32861-6777 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREIRE, ANA S 7810 KINGSPOINTE PKWY, STE. 113 ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREVISANI, LIVIA 7810 KINGSPOINTE PKWY, STE. 113 ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TREVISANI, LIVIA P.O. BOX 616777 ORLANDO, FL, 32861-6777 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVEIRA, FRAN 7810 KINGSPOINTE PKWY, STE. 113 ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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] LIVIA TREVISANI TREAS. 4-22-02 407 522-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #