

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-17-2003 90220 036 ****61.25

DOCUMENT # N02000006715

1. Entity Name

COMMUNITY NEW LIFE FELLOWSHIP CORP.



Principal Place of Business

**2823 FOREST HILL BLVD., #14
CORAL SPRINGS FL 33065**

Mailing Address

**2823 FOREST HILL BLVD., #14
CORAL SPRINGS FL 33065**

2. Principal Place of Business

3969 Cocoplum Circle

3. Mailing Address

3969 Cocoplum Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK - FL

City & State

COCONUT CREEK - FL

Zip

33063-5963

Country

BROWARD

Zip

33063-5963

Country

BROWARD

4. FEI Number

32-0029210

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION

3929 N. FEDERAL HWY.

POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

Name **Gretchen Silver, CPA, PA**

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

105 S State Rd 7

City

PLANTATION

FL

Zip Code

33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

2/13/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **PEREIRA, ILMAR A**
STREET ADDRESS **2823 FOREST HILL BLVD., #14**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VSD**
NAME **PEREIRA, MARTA A**
STREET ADDRESS **2823 FOREST HILL BLVD., #14**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VD**
NAME **BARBOSA, SERGIO**
STREET ADDRESS **2823 FOREST HILL BLVD., #14**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **TD**
NAME **BARBOSA, ELIAS A**
STREET ADDRESS **2823 FOREST HILL BLVD., #14**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT**
NAME **PEREIRA, ILMAR A** ☒ Change ☐ Addition
STREET ADDRESS **3969 COCOPLUM CIRCLE**
CITY-ST-ZIP **COCONUT CREEK - FL - 33063-5963**

TITLE **1ST VICE-PRESIDENT**
NAME **PEREIRA, MARTA A** ☒ Change ☐ Addition
STREET ADDRESS **3969 COCOPLUM CIRCLE**
CITY-ST-ZIP **COCONUT CREEK - FL - 33063-5963**

TITLE **2ND VICE-PRESIDENT**
NAME **BARBOSA, SERGIO** ☒ Change ☐ Addition
STREET ADDRESS **218 NW 8TH ST**
CITY-ST-ZIP **BOCA RATON - FL - 33432**

TITLE **TREASURER**
NAME **BARBOSA, ELIAS A** ☒ Change ☐ Addition
STREET ADDRESS **218 NW 8TH ST**
CITY-ST-ZIP **BOCA RATON - FL - 33432**

TITLE **SECRETARY**
NAME **OLIVEIRA, LUIZ CLAUDIO** ☐ Change ☒ Addition
STREET ADDRESS **355 PERLE STONE LN**
CITY-ST-ZIP **COCONUT CREEK - FL - 33073**

TITLE
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

FEB 13 / 2003

(954) 232-8185

Date

Daytime Phone

CR2E037 (10/02)