

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 016 ****61.25

DOCUMENT # N99000006802

1. Entity Name

PRIMEIRA IGREJA ASSEMBLEIA DE DEUS
 BRASILEIRA EM FORT MYERS, INC.

Principal Place of Business

3615 Central Ave
 STE.2
 Fort Myers FL 33901

Mailing Address

3615 Central Ave
 STE.2
 Fort Myers FL 33901

425885

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
 650962538

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

7. Name and Address of New Registered Agent

Dos Santos, Mildair V.
 3615 Central Ave
 STE.2
 Fort Myers, FL 33901

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 PD ☐ Delete
NAME Dos Santos, Nildair V.
STREET ADDRESS 3615 Central Ave, #6
CITY-ST-ZIP Fort Myers FL 33901

TITLE PD ☐ Delete
NAME Nunes, Claudinei
STREET ADDRESS 3615 Central Ave, #6
CITY-ST-ZIP Fort Myers FL 33901

TITLE PD ☐ Delete
NAME Machado, Ilvil
STREET ADDRESS 3615 Central Ave, #6
CITY-ST-ZIP Fort Myers FL 33901

TITLE PD ☐ Delete
NAME Pereira, Gilson J.
STREET ADDRESS 3615 Central Ave, #6
CITY-ST-ZIP Fort Myers FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-05-02 (941) 936 2919

CR2E037 (11/00)