

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007509

1. Entity Name

ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF ORLANDO, INC.

Principal Place of Business

7810 KINGSPONTE PKWY. STE. 113
ORLANDO FL 32819

Mailing Address

7810 KINGSPONTE PKWY. STE. 113
ORLANDO FL 32819

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

Country

32861-6777 ORANGE

Zip

Country

32861-6777 ORANGE

6. Name and Address of Current Registered Agent

CARVALHO, ENIO
518 LAKESCAPE CT.
ORLANDO FL 32828

4. FEI Number

59-3685953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

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 P SALVADOR, ADHERBAL ☒ Delete
STREET ADDRESS 7810 KINGSPONTE PKWY, STE. 113
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE NAME V NEVES, ELIZETE ☐ Delete
STREET ADDRESS 7810 KINGSPONTE PKWY, STE. 113
CITY-ST-ZIP ORLANDO FL 32819

TITLE NAME P NEVES, ELIZETE ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 616777
CITY-ST-ZIP ORLANDO, FL, 32861-6777

TITLE NAME T CARVALHO, ENIO ☒ Delete
STREET ADDRESS 7810 KINGSPONTE PKWY, STE. 113
CITY-ST-ZIP ORLANDO FL 32819

TITLE NAME S OLIVEIRA, JEAN ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 616777
CITY-ST-ZIP ORLANDO, FL, 32861-6777

TITLE NAME D FREIRE, ANA S ☐ Delete
STREET ADDRESS 7810 KINGSPONTE PKWY, STE. 113
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE NAME D TREVISANI, LIVIA ☐ Delete
STREET ADDRESS 7810 KINGSPONTE PKWY, STE. 113
CITY-ST-ZIP ORLANDO FL 32819

TITLE NAME T TREVISANI, LIVIA ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 616777
CITY-ST-ZIP ORLANDO, FL, 32861-6777

TITLE NAME D OLIVEIRA, FRAN ☐ Delete
STREET ADDRESS 7810 KINGSPONTE PKWY, STE. 113
CITY-ST-ZIP ORLANDO FL 32819

TITLE NAME ☐ Change ☐ Addition
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.

LIVIA TREVISANI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS. 4-22-02 407 522-0715

Date

Daytime Phone #

CR2E037 (9/01)