

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003365**

1. Entity Name

ADVENTIST CONGREGATION OF THE PROMISE INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90036 043 ****70.00

Principal Place of Business

10800 SW 14TH CT
DAVIE FL 33324
US

Mailing Address

10800 SW 14TH CT
DAVIE FL 33324-7125
US

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

59-3237477

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

A0051458



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOYD, LEO L JR
10800 SW 14TH CT
DAVIE FL 33324

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
PDC
CORREA DO NASCIMENTO, VILSON
10800 SW 14TH CT
DAVIE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FLOYD, LEO L JR
10800 SW 14TH CT
DAVIE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NASCIMENTO, RENEE R
10800 SW 14TH CT
DAVIE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
RAMOS, JUCELIA S
50 ADAMS ST 1ST FLOOR
NEWARK NJ

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PROESCHOL, ITELVINA I.
125 NW 4TH AVE
DANIA FL 33004

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PARENTE, GUILHERME B.
10800 SW 14TH CT
DAVIE, FL
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

FLOYD, LEO L JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR/24/2000
Date

(954) 916-9905
Daytime Phone #