

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-20-2002 90256 001 ****70.00

DOCUMENT # F94000003365

1. Entity Name

ADVENTIST CONGREGATION OF THE PROMISE INC.

Principal Place of Business

Mailing Address

10800 SW 14TH CT
 DAVIE FL 33324
 US

10800 SW 14TH CT
 DAVIE FL 33324
 US

2. Principal Place of Business

3. Mailing Address

1035 NE 202nd TER.
 Suite, Apt. #, etc.

1035 NE 202nd TER.
 Suite, Apt. #, etc.

City & State
 MIAMI, FL.

City & State
 MIAMI, FL.

4. FEI Number
 59-3237477

Applied For
 Not Applicable

Zip
 33179-2548

Country
 USA

Zip
 33179-2548

Country
 USA

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

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

Name
 VILSON CORREA DO NASCIMENTO

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

1035 NE 202nd TER.

City MIAMI FL Zip Code 33179-2548

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 Leo L. Floyd Jr. SD

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

(NOTE: Registered Agent signature required when reinstating)

APR/02/2002

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOYD, LEO L JR 10800 SW 14TH CT DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASCIMENTO, RENEE R 10800 SW 14TH CT DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARENTE, GUILHERME B 10800 SW 14TH COURT DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1035 NE 202nd TER. MIAMI, FL. 33179-2548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11749-C S. ORANGE BLOSSOM TRAIL ORLANDO, FL. 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1035 NE 202nd TER. MIAMI, FL. 33179-2548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11749-C S. ORANGE BLOSSOM TRAIL ORLANDO, FL. 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Leo L. Floyd Jr. SD

PDC

APR/02/2002

(305) 999-9157

CR2E037 (9/01)