

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000474

1. Entity Name

INTERNATIONAL EVANGELICAL MISSION
- HOLY BARN - IEMHB, CORP.

Principal Place of Business

Mailing Address

1311 NW 17th AVE
BOCA RATON, FL 33486

SAME ADDRESS

2. Principal Place of Business

828 SE 8th AVE
SUITE A

3. Mailing Address

828 SE 8th AVE
SUITE A

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

4. FEI Number
22-3697883

Applied For
Not Applicable

Zip
33441

Country
USA

Zip
33441

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, PAULO DE TARSO G.
1311 NW 17th AVE
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name
KATIA SALLES DA SILVA
Street Address (P.O. Box Number is Not Acceptable)
50 SE 12th STREET # 261

City
BOCA RATON FL Zip Code
33432

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)

600004659776--5

-10/30/01-01089--004

08/01/01

*****01.25 DATE *****01.25

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

TITLE DP ☒ Delete

NAME DA SILVA, PAULO DE TARSO G.

STREET ADDRESS 1311 NW 17th AVE

CITY-ST-ZIP BOCA RATON, FL 33486

TITLE DV ☐ Delete

NAME DA SILVA, KATIA SALLES

STREET ADDRESS 1311 NW 17th AVE

CITY-ST-ZIP BOCA RATON, FL 33486

TITLE DT ☒ Delete

NAME SILVA, ROGERIO D

STREET ADDRESS 333 NW 46th ST

CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE DS ☒ Delete

NAME DA SILVA, ELZEMIR C.

STREET ADDRESS 779 NW 47th ST

CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Change ☒ Addition

NAME ANDRE LUIZ Q. MAGALHAES

STREET ADDRESS 601 SE 2nd AVE # 4

CITY-ST-ZIP BOCA RATON, FL 33432

TITLE DPV ☒ Change ☐ Addition

NAME KATIA SALLES DA SILVA

STREET ADDRESS 50 SE 12th STREET # 261

CITY-ST-ZIP BOCA RATON, FL 33432

TITLE DS ☐ Change ☒ Addition

NAME NILZA ROSA MARINHO

STREET ADDRESS 630 NW 13th ST, APT # 33

CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/01 (561) 445-0280

Date

Daytime Phone #

Boca Raton - Florida, October 15th, 2001

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Non-Profit Corporation by the following name:

INTERNATIONAL EVANGELICAL MISSION - HOLY SILO -
IEMHB, CORP.
DOC. # N00000000474


Our Church has its articles filed with Florida department of State-Division of Corporation on 01/14/2000.

Since we change the board and we have a new address, we never received the form to file and pay the UBR -Annual Report for the year 2,001.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 61.25, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,


KATIA SALLES DA SILVA
828 SE 8th Ave, Suite A
Deerfield Beach, FL-33441
Phone: (561) 349-2510