

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90242 045 ****61.25

DOCUMENT # N00000003450

1. Entity Name
RENASCER FOUNDATION, INC.



Principal Place of Business

**3617 NE 168 STREET
NORTH MIAMI FL 33160**

Mailing Address

**3617 NE 168 STREET
NORTH MIAMI FL 33160**

2. Principal Place of Business

1300 E. Hillsboro Blv.

3. Mailing Address

1300 E. Hillsboro Blv.

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

Suite 208

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33442

Country

USA

Zip

33442

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1011436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALMEIDA VALE, ANGELITA DE
1205 HILLSBORO MILE
APT. 304
HILLSBOROUGH BEACH FL 33062**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FILHO, ESTEVAM H	
STREET ADDRESS	12582 TORBAY DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HERNANDES, FELIPPE DANIEL	
STREET ADDRESS	12582 TORBAY DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HERNANDES, SONIA HADDAD M	
STREET ADDRESS	12582 TORBAY DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GARCIA, MARCO ANTONIO	
STREET ADDRESS	3617 NE 168 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALMEIDA VALE, ANGELITA DE	
STREET ADDRESS	6433 NW 106 TERRACE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	AYRES ABBUD, ANTONIO CARLOS	
STREET ADDRESS	RUE GOMES DE CARVALHO	
CITY-ST-ZIP	SAO PAULO, BRAZIL FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1205 Hillsboro Mile apt. 304
CITY-ST-ZIP	Hillsboro Beach FL 33062
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

01-17-03 954-5716606

CR2E037 (10/02)