## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000004468

Entity Name: CHRISTIAN CHARITY SPIRITIST CENTER, INC.

FILED Sep 13, 2002 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1500-C E ATLANTIC BLVD
DEERFIELD BEACH, FL 33060

1500-C E ATLANTIC BLVD
POMPANO BEACH, FL 33060

Current Mailing Address: New Mailing Address:

1500-C E ATLANTIC BLVD
DEERFIELD BEACH, FL 33060
1500-C E ATLANTIC BLVD
POMPANO BEACH, FL 33060

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNANDES, RAMATIS P

1920-K LINTON LAKE DR

DELRAY BEACH, FL 33445 US

SANTO, MARCELO

8288 BOCA RIO DRIVE

BOCA RATON, FL 33433 US

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: MARCELO SANTO 09/13/2002

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: FERNANDES, RAMATIS P Name: SANTO, MARCELO

Address: 1920-K LINTON LAKE DR Address: 8288 BOCA RIO DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOCA RATON, FL 33433

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: SANTOS, MARCELO E Name: HADDAD, CARLOS

Address: 3719 RIVERSIDE DR Address: 693 NW 46TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TD () Delete Title: TD (X) Change () Addition Name: RICETTI, AIDA Name: FREITAS, AUGUSTO

Address: 6624 NW 4TH ST Address: 856 CRYSTAL LAKE DR
City-St-Zip: MARGATE, FL 33063 City-St-Zip: DEERFIELD BEACH, FL 33064

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SILVA, JOSE V
 Name:

 Address:
 12153 NW 35TH PLACE
 Address:

 City-St-Zip:
 SUNRISE, FL 33323
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO SANTO PD 09/13/2002