

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

DOCUMENT# N0000005183

1. Entity Name  
**CHRISTIAN ALLIANCE CHURCH, CORP.**



**FILED**  
03 AUG 22 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 - 03

Principal Place of Business 22511 SE 66TH AVE # 207 BOCA RATON, FL 33428	Mailing Address 22511 SE 66TH AVE # 207 BOCA RATON, FL 33428
--	--

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State	City & State	4. FEI Number 94-3370734	Applied For Not Applicable
Zip Country USA	Zip Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PINHEIRO, WEBER**  
22511 SE 66TH AVE # 207  
BOCA RATON, FL 33428

7. Name and Address of Now 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 may Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
---------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PINHEIRO, WEBER 22511 SE 66TH AVE # 207 BOCA RATON, FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PINHEIRO, IRENE SILVA 402 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PINHEIRO, LILIAN MACIEL 22511 SE 66TH AVE # 207 BOCA RATON, FL 33428 <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 type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	900022517439 08/22/03--01062--008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 qualified 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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Boca Raton - FL, August 19, 2003.

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 Profit Corporation  
by the following name:

CHRISTIAN ALLIANCE CHURCH, CORP.  
N00000005183

Our corporation has its articles filed with Florida  
department of State-Division of Corporation on 08/08/2000.  
Unfortunately, we never received the first notice, of our  
2001/2002/2003 UBR forms; and we did not know that we must pay it  
annually.

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\$ 183.75, plus the completed Form 2003. I would like to ask  
you to please consider this, and file these as soon as possible.

Once again, we would like to emphasize that our intentions  
is to work in accordance with the State Laws, witch statutes I  
respect and honor.

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

Sincerely,

  
WEBER PINHEIRO  
President

THIS DOCUMENT IS A COPY OF THE ORIGINAL FILED WITH THE FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS, ON 08/08/2000. IT IS SUBJECT TO THE REVISIONS AND AMENDMENTS OF THE FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS, AND IS NOT TO BE USED FOR ANY OTHER PURPOSE.