

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90031 018 \*\*\*\*61.25

**DOCUMENT # NO1000002377**

1. Entity Name

**GOD'S MOVE IN THE NATIONS MINISTRY INC.**

Principal Place of Business

Mailing Address

8475 SW 94 STREET  
 STE 205  
 MIAMI FL 33156

8475 SW 94 STREET  
 STE 205  
 MIAMI FL 33156

2. Principal Place of Business

**238 NE 1ST ST**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip

**33132**

Country

**US**

Country

4. FEI Number

Applied For

☒ Not Applicable

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

**DIAS FILHO, AMANCIO G**  
**8475 SW 94 STREET**  
**STE 205**  
**MIAMI FL 33156**

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
 NAME **SANCHEZ, MARY S**  
 STREET ADDRESS **8475 SW 94 STREET STE 205**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Santos Carlos**  
 STREET ADDRESS **18136 Clear Brook Cir.**  
 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE **PTD** ☐ Delete  
 NAME **DIAS FILHO, AMANCIO G**  
 STREET ADDRESS **8475 SW 94 STREET STE 205**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PTD** ☒ Change ☐ Addition  
 NAME **Dias Filho, Amancio G.**  
 STREET ADDRESS **8475 SW 94 ST 205 E**  
 CITY-ST-ZIP **Miami FL 33156**

TITLE **SVD** ☐ Delete  
 NAME **SILVEIRA DIAS, NEIDE A**  
 STREET ADDRESS **8475 SW 94 STREET STE 205**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **SVD** ☒ Change ☐ Addition  
 NAME **SIVEIRA DIAS, NEIDE A.**  
 STREET ADDRESS **8475 SW 94 ST 205 E**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **C** ☐ Change ☒ Addition  
 NAME **PEREIRA FRANCISCO**  
 STREET ADDRESS **5640 Pacific Blvd 1001**  
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/26/2002 305 498 8324**

CR2E037 (9/01)