

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0016801

03-29-2002 91421 041 ****61.25

DOCUMENT # N01000002385

1. Entity Name

THE FIRST BRAZILIAN FREE METHODIST CHURCH INC.

Principal Place of Business

Mailing Address

1308 N DIXIE HWY
 HOLLYWOOD FL 33020-3049

1308 N DIXIE HWY
 HOLLYWOOD FL 33020-3049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1101537

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

DE ARAUJO PINTO, REV MANOEL
3697 CORAL TREE CIR
COCONUT CREEK FL 33073

Name **Jose Roberto Oliveira**

Street Address (P.O. Box Number is Not Acceptable)
3553 Wiles Road # 202

City **Coconut Creek**

FL

Zip Code **33073**

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 *Jose Roberto Oliveira*
 Signature, typed or printed name of registered agent and title if applicable.

Jose Roberto Oliveira, Pastor

March 15, 2002

(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 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
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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 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: *JOSE MIGUEL PEREIRA* **03-1702**

CR2E037 (9/01)