

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

FILED
May 22, 2003 8:00 am
Secretary of State

04-21-2003 90492 003 ****61.25

DOCUMENT # NO1000002385

1. Entity Name

THE FIRST BRAZILIAN FREE METHODIST CHURCH INC.



Principal Place of Business

1308 N DIXIE HWY
HOLLYWOOD FL 33020-3049

Mailing Address

1308 N DIXIE HWY
HOLLYWOOD FL 33020-3049

55042924

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

OLIVEIRA, JOSE ROBERTO
3553 WILES ROAD
#202
COCONUT CREEK FL 33073

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **PEREIRA, JOSE MIGUEL** T
STREET ADDRESS **82521 SW 80TH AVE #1111**
CITY-ST-ZIP **BOCA RATON FL 33429**

TITLE ☒ Change ☐ Addition
NAME **9899 Three Lakes Circle**
STREET ADDRESS **Boca Raton, FL 33428**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CRESPO, JANSEY T L** T
STREET ADDRESS **3567 WILES ROAD #102**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE ☒ Delete
NAME **MELLO, ARTHUR S**
STREET ADDRESS **15397 SW 153 ST**
CITY-ST-ZIP **MIAMI FL 33187**

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

TITLE ☒ Delete
NAME **LISBOA, JOSE ENIS**
STREET ADDRESS **340 SE 2ND AVE APT B2**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☒ Addition
NAME **Carlos Folmann**
STREET ADDRESS **1308 N. Dixie Hwy**
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE ☒ Delete
NAME **BRITTO, FERNANDO**
STREET ADDRESS **12387 CLEARFALLS DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Change ☒ Addition
NAME **Geraldo Melillo** T
STREET ADDRESS **128 NE 19th Ave.**
CITY-ST-ZIP **Pompano Beach, FL 33060**

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 REQUIRED

04-12-03

5614705868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)