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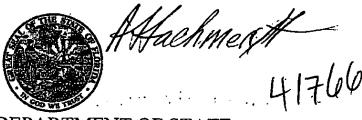
FILED Sep 02, 2002 8:00 am

08-13-02. \$54)428<u>1589</u>

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State DOCUMENT # N01000003179 08-18-2002 90129 037 ****61.25 1. Entity Name CASA DE ORAÇÃO, INC. Principal Place of Business -----Mailing Address 4530 NE 1ST AVE 4530 NE 1ST AVE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 3. Mailing Address 2. Principal Place of Business 3758 WOODFIELD COURT 3758 WOODFIELD COURT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 55-1099 CONUT CREEK. PU Not Applicable COCWUT COEGK \$8.75 Additional Country 5. Certificate of Status Desired 3023 33073 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FONSO Street Address (P.O. Box Number is Not Acceptable) LEITE, AFONSO S ----**4530 NE 1ST AVE** POMPANO BEACH FL 33064 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) Make Check Payable to 9._Election,Campaign Financing \$5.00 May, Be After September 13, 2002, Trust Fund Contribution. Added to Fees Department of State min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE TITLE . NAME . leite, afonso s NAME STREET ADDRESS STREET ADDRESS 4530 NE 1ST AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Change Addition ☐ Delete TITLE ۷D TITLE NAME leite, christina p NAME STREET ADDRESS STREET ADDRESS 4530 NE 1ST AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 CAPTROCTOR GOUVEIA, ELZITA H. Change TITLE S.D **Delete** TITLE NAME FREITAS, MICHELLE L NAME STREET ADDRESS STREET ADDRESS 5540 NW 61ST STREET #429 DEERFIELD BEJUL = FU - 33441" CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK FL 33073 SOUZS ANA LUCIA __ Change Addition 1420. SE 3RD ST # 6 mu T.D Delete NAME SILVA, PAULO NAME STREET ADDRESS STREET ADDRESS 1483 SW 48TH TER DEGRAPIELD BLACH-FLA - 33441 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Oelete TIT1 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

·拉尔克克莱马斯·斯尔

CHARLEX"S MICA & WOOD, CORP. 1647 W 31ST PL HIALEAH, FL 33012 US

Subject: CHARLEX''S, MICA & WOOD, CORP.

Reference Number:

P97000007509

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

ANNUAL REPORTS SECTION

We always Paid etect # 380 7/25/2002

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314