

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

0013499

DOCUMENT # N01000004239

1. Entity Name

US HELP COALITION FAITH-BASED, INC.

01-22-2002 90095 038 *****61.25

Principal Place of Business

Mailing Address

**6032 CRYSTAL VIEW DR.
 ORLANDO FL 32819**

**6032 CRYSTAL VIEW DR.
 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

ORLANDO

6032 CRYSTAL VIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

6032 crystal view Dr.

ORLANDO, Florida

Zip

Country

Zip

Country

32819

USA

32819

USA

4. FEI Number

Applied For

59-3726837

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**ROSA, PAULO SERGIO
 6032 CRYSTAL VIEW DR.
 ORLANDO FL 32819**

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 **DP** ☐ Delete
 NAME **ROSA, PAULO SERGIO**
 STREET ADDRESS **6032 CRYSTAL VIEW DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **DV** ☐ Delete
 NAME **ROSA, IRENE VANZO**
 STREET ADDRESS **6032 CRYSTAL VIEW DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **DS** ☐ Delete
 NAME **DE PONTES, ANGELA M.B.**
 STREET ADDRESS **5164 CONROY RD., #1528**
 CITY-ST-ZIP **ORLANDO FL 32911**

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

TITLE **DT** ☐ Delete
 NAME **ROSA, MARIANGELICA M B**
 STREET ADDRESS **6032 CRYSTAL VIEW DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2001

Date

4072564835

Daytime Phone #

CR2E037 (9/01)