

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90128 040 ****69.00

DOCUMENT # N01000005512

1. Entity Name

US WOMEN HELP COALITION FAITH-BASED, INC.

Principal Place of Business

**4972 EAGLESMERE DR., #935
ORLANDO FL 32819**

Mailing Address

**4972 EAGLESMERE DR., #935
ORLANDO FL 32819**

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

59-3736464

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

**BEZERRA, CELIA R
4972 EAGLESMERE DR., #935
ORLANDO FL 32819**

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 \$61.259. 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 **BEZERRA, CELIA**
STREET ADDRESS **4972 EAGLESMERE DR., #935**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE **DY** ☐ Change ☒ Addition
NAME **CEDYR DA MOTTA JORDAO**
STREET ADDRESS **4972 EAGLESMERE DR., #935**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE **DT** ☐ Delete
NAME **ABREU, JOAO DE**
STREET ADDRESS **4972 EAGLESMERE DR., #935**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☒ Delete
NAME **PINTO, SILAS DO AMARA**
STREET ADDRESS **4809 BRIGHTON TERRACE**
CITY-ST-ZIP **ORLANDO FL 32811**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **ROSA, MARIANGELICA M B**
STREET ADDRESS **6032 CRYSTAL VIEW DR.**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 CELIA R BEZERRA**02/28/2002 (407) 4686446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)