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

## DOCUMENT # N02000005729

FUNDAÇÃO DEUS AMOU O MUNDO INC.



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1500 SE 3RD COURT STE #100

Mailing Address

1500 SE 3RD COURT STE #100

**FILED** Jul 10, 2003 8:00 am Secretary of State

07-10-2003 90120 046 \*\*\*\*61.25

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2. Principal Place of Business LC+		3. Mailing Address 3rd C+															
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES										
DEPETELD BEACHIFL			JET	EXTIEL	D.	BEN	अंत	G. FEI	Number 2 - O	63	48	84	Applied For Not Applicable				
334	<u> </u>	Country 33441 Cou			intry		5. Certificate of Status Desired   \$8.75 Additional Fee Required										
6. Name and Address of Current Registered Agent						Name		7. Nar	ne and A	ddress o	of New	Registe	red Ag	jent			
DA SILVA, LIDIA F 1500 SE 3RD COURT STE #100 DEERFIELD BEACH FL 33441					Street Address (P.O. Box Number is Not Acceptable)												
					City	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.										t							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE																	
Signature, typed or printed name or registered agent and title in applicable (In or its integrational Agent ally nature required white interestability)									$\dashv$								
FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  First Fund Contribut						_		<b>\$5.00</b> Added to	May Be o Fees					Payable nent of \$			
10.		OFFICERS AND DIF	RECTORS		11.		Ā	DDITIO	VS/CHAN	IGES TO	OFFIC	ERS ANI	D DIRE	CTORS IN	10	┪.	
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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 appropried.

SIGNATURE: