

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90207 011 \*\*\*\*61.25

**DOCUMENT # N02000006565**

1. Entity Name  
**IGREJA CRISTA CRISTO VIVE INC.**



Principal Place of Business  
**11845 ROYAL PALM BLVD. #201  
CORAL SPRINGS, FL 33065**

Mailing Address  
**11845 ROYAL PALM BLVD. #201  
CORAL SPRINGS, FL 33065**

2. Principal Place of Business  
**1600 NW 17th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**11845 Royal Palm Blvd**  
Suite, Apt. #, etc.  
**#201**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL**  
Zip  
**33069** Country  
**USA**

City & State  
**Coral Springs, FL**  
Zip  
**33065** Country  
**USA**

4. FEI Number  
**43-1972135** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**CABRERA, DANIEL ROBLES**  
**11845 ROYAL PALM BLVD. #201**  
**CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9144 W. ATLANTIC BLVD # 822**  
City  
**CORAL SPRINGS** FL Zip Code  
**33073**

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 **X**

**5/7/03**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>CABRERA, DANIEL ROBLES</b>	
STREET ADDRESS	<b>11845 ROYAL PALM BLVD. #201</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>CABRERA, RUTH ROBLES</b>	
STREET ADDRESS	<b>11845 ROYAL PALM BLVD. #201</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>DE OLIVERIRA, JOAO BATISTA</b>	
STREET ADDRESS	<b>11845 ROYAL PALM BLVD. #201</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/7/2003 (954) 341-2058**  
Date Daytime Phone #

CR2E037 (10/02)