

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

05-01-2003 91002 018 *****70.00

DOCUMENT # N02000006737

1. Entity Name

IGREJA EVANGELICA GILEADE, INC.



Principal Place of Business

6211 MEMORIAL HWY
TAMPA FL 33615
US

Mailing Address

6211 MEMORIAL HWY
TAMPA FL 33615
US

55052539

2. Principal Place of Business

7307 BRIDGE VIEW CIR

3. Mailing Address

7307 BRIDGE VIEW CIRCLE

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

20-0053878

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33634

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SOARES, SAMUEL S
7307 BRIDGE VIEW CIR.
106
TAMPA FL 33634

7. Name and Address of New Registered Agent

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. 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)

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: P
NAME: SOARES, SAMUEL S
STREET ADDRESS: 7307 BRIDGE VIEW CIR. # 106
CITY-ST-ZIP: TAMPA FL 33634 ☐ Delete

TITLE: VP
NAME: SALGADO, EDER N
STREET ADDRESS: 7210 N. MANHATTAN AVE. #1921
CITY-ST-ZIP: TAMPA-FL-33614 ☒ Delete

TITLE: T
NAME: SOUZA, MARCOS P
STREET ADDRESS: 7301 BRIDGE VIEW CIR. #201
CITY-ST-ZIP: TAMPA FL 33634 ☐ Delete

TITLE: S
NAME: WAROL, ANA C
STREET ADDRESS: 12101 N. DALE MABRY HWY #1403
CITY-ST-ZIP: TAMPA FL 33618 ☒ Delete

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT/DIRECTOR
NAME: SOARES, SAMUEL S
STREET ADDRESS: 7307 BRIDGE VIEW CIRC. # 106
CITY-ST-ZIP: TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE: PRESIDENT
NAME: ROSA, NOE FULGENCIO
STREET ADDRESS: 1392 SEAVIEW DR
CITY-ST-ZIP: NORTH LAUDERDALE, FL 33068 ☐ Change ☒ Addition

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

TITLE: SECRETARY
NAME: FILHO, ELIANE RIBEIRO
STREET ADDRESS: 4747 WEST WATER # 3104
CITY-ST-ZIP: TAMPA, FL 33614 ☒ Change ☒ Addition

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

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

DIRECTOR

(813) 889-9663

Date

Daytime Phone #

CR2E037 (10/02)