

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011661

FILED
Apr 21, 2011
Secretary of State

Entity Name: CENTRO ESPIRITA BENEFICENTE UNIAO DO VEGETAL, AUTHORIZED DISTRIBUTION OF
FLORIDA, INC.

Current Principal Place of Business:

3472 SW COCO PALM DR
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

3472 SW COCO PALM DR
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 27-4643316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREITAS, SHALOM
3472 SW COCO PALM DR
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: FREITAS, SHALOM
Address: 3472 SW COCO PALM DR
City-St-Zip: PALM CITY, FL 34990 US

Title: DIR
Name: NASCIMENTO, CARLOS M
Address: 1901 SOUTH OCEAN DR - APT 404
City-St-Zip: BOCA RATON, FL 33432 US

Title: DIR
Name: GATES, LAURA MARIA C
Address: 124 KNOTTING PLACE
City-St-Zip: MADISON, AL 35758 US

Title: DIR
Name: GARCIA, JOSE C
Address: 950 PONCE DE LEON ROAD - APT 210
City-St-Zip: BOCA RATON, FL 33432 US

Title: DIR
Name: GARCIA, DANIELLE
Address: 950 PONCE DE LEON ROAD - APT 210
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHALOM FREITAS

DIR

04/21/2011

Electronic Signature of Signing Officer or Director

Date