

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50430

1. Entity Name

CHRISTIAN SPIRITIST STUDY CENTER INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90087 050 ****70.00

Principal Place of Business

Mailing Address

2600 HAMMONDVILLE RD
SUITE 10
POMPANO BCH FL 33069
US

2600 HAMMONDVILLE RD
SUITE 10
POMPANO BCH FL 33069-1535
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0395457

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FILHO, MAURICIO C
644 NW 13TH AVE
UNIT 25
BOCA RATON FL 33488

Name

Filho, Mauricio C.

Street Address (P.O. Box Number is Not Acceptable)

3370 Beau Rivage Dr. UNIT M1

City

Pompano Beach

FL

Zip Code

33064

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 \$61.25

9. 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 PD
NAME FILHO, MAURICIO C
STREET ADDRESS 3370 BEAU RIVAGE DR UNIT M1
CITY-ST-ZIP POMPANO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME SASSON, LIVIA
STREET ADDRESS 3370 BEAU RIVAGE DR UNIT M4
CITY-ST-ZIP POMPANO BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME CISNEIROS, EMILIA
STREET ADDRESS 3370 BEAU RIVAGE DR UNIT M1
CITY-ST-ZIP POMPANO BCH FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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