

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50430

1. Entity Name

CHRISTIAN SPIRITIST STUDY CENTER INC.

Principal Place of Business

2600 HAMMONDVILLE RD  
SUITE 10  
POMPANO BCH FL 33069  
US

Mailing Address

2600 HAMMONDVILLE RD  
SUITE 10  
POMPANO BCH FL 33069  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0395457

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

C0075866



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILHO, MAURICIO C  
3370 BEAU RIVAGE DR  
UNIT M1  
POMPANO BEACH FL 33064

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.

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  
After September 12, 2001, min. will be \$236.25

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME V/D  
STREET ADDRESS Coelho, Geraldo M.  
CITY-ST-ZIP 6391 Jackson Lane  
Boynton Beach, FL 33437

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE: MAURICIO FILHO 08-28-01/9542948407

CR2E037 (5/01)