

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90002 040 ****61.25

DOCUMENT # **N50973**

1. Entity Name
LUSO-LATIN AMERICAN CHURCH ASSEMBLY OF GOD

Principal Place of Business Mailing Address
2300 EAST OAKLAND PARK BLVD # 203 **2300 EAST OAKLAND PARK BLVD # 203**
FORT LAUDERDALE FL. 33305 **Fort Lauderdale FL. 33305**

2. Principal Place of Business 3. Mailing Address
816 B SE 9TH Street **816 B SE 9TH Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Deerfield Beach, FL. **Deerfield Beach, FL.**
Zip Country Zip Country
33441 **33441**

4. FEI Number **65-0924346** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DA SILVA, NOE MARTINS
916 Magnolia Avenue
North Lauderdale FL. 33068

7. Name and Address of New Registered Agent
Name **DA SILVA, NOE MARTINS**
Street Address (P.O. Box Number is Not Acceptable)
916 Magnolia Avenue
City **North Lauderdale** FL **33068**

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 **Noe Martins da Silva**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA, NOE M. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD DA SILVA, JOEL M. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DA SILVA, ROSANGELA A. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA SILVA, OSEIAS A. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA SILVA DANIEL A. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA, NOE M. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD DA SILVA, JOEL M. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DA SILVA, ROSANGELA A. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA SILVA, OSEIAS A. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA SILVA, DANIEL A. 916 Magnolia Avenue North Lauderdale FL. 33068	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS 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: **Noe Martins da Silva**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00 (954) 4818585

Date

Daytime Phone

CR2E037 (9/99)