

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000001213**

1. Entity Name

**IGREJA ASSEMBLEIA DE DEUS EM POMPANO BEACH, INC.****FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90005 010 \*\*\*\*61.25

Principal Place of Business

**172 N POWERLINE RD  
POMPANO BEACH FL 33064  
US**

Mailing Address

**172 N POWERLINE RD  
POMPANO BEACH FL 33069-5713  
US**

00013341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0394106**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

**PIRES, FRANCISCO  
4008 EASTRIDGE CIR  
POMPANO BCH FL 33064**

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**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** ☐ DeleteNAME **PIRES, FRANCISCO**  
STREET ADDRESS **4008 EASTRIDGE CIR**  
CITY-ST-ZIP **POMPANO BCH FL 33064**TITLE **VDP** ☒ DeleteNAME **FIGUEIREDO, MACIEL**  
STREET ADDRESS **1080 94 ST., #507**  
CITY-ST-ZIP **BAY HARBOR ISLAND FL**TITLE **S** ☐ DeleteNAME **PAULINO, ULIANI**  
STREET ADDRESS **319 SW 32 AVE**  
CITY-ST-ZIP **DEERFIELD BEACH FL**TITLE **AS** ☐ DeleteNAME **DE ALMEIDA, JOAQUIM**  
STREET ADDRESS **174 N. POWERLINE ROAD**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE **TD** ☐ DeleteNAME **GUIMARAES, RONALDO**  
STREET ADDRESS **8500 NW 35 ST**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE **AT** ☒ DeleteNAME **VIEIRA, ROBERTO**  
STREET ADDRESS **435 CORAL WAY**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VDP** ☐ Change ☒ AdditionNAME **GENIVAL PENHA**  
STREET ADDRESS **4411 NW 44 CT. #11**  
CITY-ST-ZIP **CORAL SPRINGS-FL. 33065**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **AT** ☐ Change ☒ AdditionNAME **HIRAN PEREIRA**  
STREET ADDRESS **172 N. POWERLINE ROAD**  
CITY-ST-ZIP **POMPANO BEACH-FL. 33069**

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 names empowered.

SIGNATURE:

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2000

Date

Daytime Phone #