

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90059 012 ****61.25

DOCUMENT # N93000001213

1. Entity Name
IGREJA ASSEMBLEIA DE DEUS EM POMPANO BEACH, INC.



Principal Place of Business
**172 N POWERLINE RD
POMPANO BEACH FL 33064
US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0394106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

172 N. POWERLINE ROAD

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **PIRES, FRANCISCO**
STREET ADDRESS **4008 EASTRIDGE CIR**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Change ☐ Addition
NAME **172 N. POWERLINE RD.**
STREET ADDRESS **POMPANO BEACH, FL 33064**
CITY-ST-ZIP

TITLE **VDP** ☒ Delete
NAME **PENHA, GENIVAL**
STREET ADDRESS **4411 NW 44 CT #11**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **S** ☐ Delete
NAME **DE ALMEIDA, JOAQUIM**
STREET ADDRESS **174 N POWERLINE ROAD**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **AS** ☐ Delete
NAME **TEXEIRA, ERASMO**
STREET ADDRESS **3828 NW 42 WAY**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

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

TITLE **TD** ☐ Delete
NAME **PEREIRA, HIRAM**
STREET ADDRESS **172 N POWERLINE ROAD**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JOHANO BARSKI**
STREET ADDRESS **797 CRYSTAL LAKE DR.**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

03/11/03 x

(954) 984-9520

CR2E037 (10/02)