

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001721

1. Entity Name

NEW WINE FELLOWSHIP/COMUNIDADE EVANGELICA VINHO

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90179 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

81 NE 3RD AVENUE  
DEERFIELD BEACH FL 33441  
US

1500 SE 3RD CT  
102  
DEERFIELD BCH FL 33441-4463  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0472087

Applied For

Not Applicable

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

FERREIRA, VAGNER QUADROS  
1500 SE 3RD CT #100  
UNIT C  
DEERFIELD BCH FL 33441

Name *BRUM PEDRO*

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

*1500 SE 3RD CT # 102*

City

*Deerfield Beach*

FL

Zip Code

*33441*

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

*03/31/2000*

**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **BRUM, PEDRO**  
CITY-ST-ZIP **5663 FOX HOLLOW DRIVE UNIT C  
BOCA RATON FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FERREIRA, VAGNER QUADROS**  
CITY-ST-ZIP **1500 SE 3RD CT #100  
DEERFIELD BCH FL 33441**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DE SOUZA, ARMANDO**  
CITY-ST-ZIP **1501 NW 13TH ST #2  
BOCA RATON FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/31/2000 (984) 4200051*

Date

Daytime Phone #

CR2E037 (9/99)