

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004089

1. Entity Name

ASSEMBLEIA DE DEUS EM TAMPA BAY INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90034 047 ****70.00

Principal Place of Business 7520 W. WATERS AVE. STE. 11 TAMPA FL 33615 US	Mailing Address 7520 W. WATERS AVE. STE. 11 TAMPA FL 33615-1599 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7601 N. Rome Ave. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 262107 Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33604	Country Hillsborough
Zip 33685	Country Hillsborough

4. FEI Number 59-3261719	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DA SILVA, ANTONIO P 7520 W. WATERS AVE. STE. 11 TAMPA FL 33615	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANTONIO P DA SILVA 7520 W WATERS AVE #11 TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEBASTIÃO L. QUEIROZ 7601 N. ROME AV. TAMPA, FL 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANTANA, MARCO A 7520 W WATERS AVE #11 TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOS SANTOS, RONAL T 7520 W WATERS AVE #11 TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Antonio P. Da Silva RECAUTION: DP DA SILVA 04-13-00 (913) 890-9084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)