

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90035 002 ****70.00

DOCUMENT # N94000004089

1. Entity Name

ASSEMBLEIA DE DEUS EM TAMPA BAY INC.

Principal Place of Business

7601 N. ROME AVE
TAMPA FL 33604
US

Mailing Address

7601 N. ROME AVE
TAMPA FL 33604
US

00018749



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.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3261719

Applied For

Not Applicable

Zip

33604

Country

Hillsborough

Zip

33685-2107

Country

USA

5. Certificate of Status Desired

☒

\$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)

7601 N. Rome Ave.

City

Tampa,

FL

Zip Code

33604

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	DP	<input type="checkbox"/> Delete
NAME	ANTONIO P DA SILVA	
STREET ADDRESS	7520 W WATERS AVE #11	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SANTANA, MARCO A	
STREET ADDRESS	7520 W WATERS AVE #11	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DOS SANTOS, RONAL T	
STREET ADDRESS	7520 W WATERS AVE #11	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUEIROZ, SEBASTIAO L	
STREET ADDRESS	7601 ROME AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACIELA GAY	
STREET ADDRESS	7601 N. Rome Ave	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Antonio P. da Silva
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-01

Date

Daytime Phone #

CR2E037 (10/00)