

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90121 049 ****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

**P O BOX 262107
TAMPA FL 33685-2107
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

59-3261719

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

**DA SILVA, ANTONIO P
7601 N. ROME AVE.
TAMPA FL 33615**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| 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 checked="" 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 | GRACIELA, GAY | |
| STREET ADDRESS | 7601 N. ROME AVE. | |
| CITY-ST-ZIP | TAMPA FL 33615 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTONIO P. DA SILVA | |
| STREET ADDRESS | 8820 Brennan Cir. #202 | |
| CITY-ST-ZIP | Tampa, FL 33615 | |
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DENILSON DINIZ | |
| STREET ADDRESS | 1417 Gulfstream Cir. # F204 | |
| CITY-ST-ZIP | Brandon, FL 33511 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FABIANO DA SILVA | |
| STREET ADDRESS | 8824 Brennan Cir. # 101 | |
| CITY-ST-ZIP | Tampa, FL 33615 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANTONIO D. ROMUALDO | |
| STREET ADDRESS | 5402 Ginger Cove Dr. # E | |
| CITY-ST-ZIP | Tampa, FL 33634 | |
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.04.02. (813) 890-9084

Date

Daytime Phone #

CR2E037 (9/01)