

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90014 024 \*\*\*\*61.25

**DOCUMENT # N94000004350**

1. Entity Name

**BRAZILIAN PRESBYTERIAN CHURCH OF FORT LAUDERDALE  
, INC.**

Principal Place of Business

Mailing Address

**512 N.E. 26TH ST.  
FT. LAUDERDALE FL 33305**

**512 N.E. 26TH ST.  
FT. LAUDERDALE FL 33305**

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

**65-0515996**

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

**ANDRADE, JOABE S  
512 N.E. 26TH ST.  
FT. LAUDERDALE FL 33304**

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  
NAME **D** ☐ Delete  
**ANDRADE, JOABE S**  
STREET ADDRESS **3141 NW 69TH CT**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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

TITLE  
NAME **D** ☒ Delete  
**THEODULE, JEAN R**  
STREET ADDRESS **1105 N.E. 179TH TERR**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE  
NAME **Benoit, Ronald** ☒ Change ☐ Addition  
STREET ADDRESS **3130 NW 69th St.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE  
NAME **D** ☒ Delete  
**DACUNHA, SILVAIR F**  
STREET ADDRESS **100 N.E. 170TH ST.**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE  
NAME **Leuthold, Robert** ☒ Change ☐ Addition  
STREET ADDRESS **2924 NW 12th Ave.**  
CITY-ST-ZIP **WILTON MANORS, FL 33311**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

**4-25-2002**

Date

Daytime Phone #

**(954) 969 7682**

CR2E037 (9/01)