

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004362

1. Entity Name

BRAZILIAN PRESBYTERIAN CHURCH OF KENDALL, INC.

Principal Place of Business

12350 SW 132ND COURT
110
MIAMI FL 33186

Mailing Address

12350 SW 132ND COURT
110
MIAMI FL 33186

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

65-0515997

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

FERREZ, RUBENS F
11240 SW 157 STREET
MIAMI FL 33157

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

T
NAME
FERRAZ, RUBENS F
STREET ADDRESS
12350 SW 132ND COURT #110
CITY-ST-ZIP
MIAMI FL 33186 ☐ Delete

T
NAME
FERRAZ, RUBENS F
STREET ADDRESS
12350 SW 132ND COURT #110
CITY-ST-ZIP
MIAMI FL 33186 ☐ Change ☐ Addition

T
NAME
WILLIAM, HOYER
STREET ADDRESS
12741 SW 119 ST
CITY-ST-ZIP
MIAMI FL 33136 ☐ Delete

T
NAME
WILLIAM, HOYER
STREET ADDRESS
12741 SW 119 ST
CITY-ST-ZIP
MIAMI FL 33136 ☐ Change ☐ Addition

T
NAME
SMITH DA SILVA, ROOSEVELT
STREET ADDRESS
11180 SW 107 ST #215
CITY-ST-ZIP
MIAMI FL 33176 ☐ Delete

T
NAME
SMITH DA SILVA, ROOSEVELT
STREET ADDRESS
11180 SW 107 ST #215
CITY-ST-ZIP
MIAMI FL 33176 ☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.30.01

Date

305-232-0971

Daytime Phone #

CR2E037 (10/00)