2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **N94000004868** 1. Entity Name FIRST BRAZILIAN BAPTIST CHURCH OF SOUTH FLORIDA. 01-25-2000 90052 015 ****61.25 Principal Place of Business Mailing Address 1101 NE 33RD ST. 1101 NE 33RD ST. POMPANO BEACH FL 33064-5226 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0532888 Not A..... __Country___ _Zip_____ Country,___ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALMENDA, SILAIR D 2372 NW 34 RD **COCONUT CREEK FL 33066** Zip Code City 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 1138 第二十5 图 ALC: ILE COMB ON SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ALMENDA, SILAIR STREET ADDRESS STREET ADDRESS 2372 NW 34TH RD CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME valverde. Jairo NAME STREET ADDRESS STREET ADDRESS 6550 SOMERSET DR #202 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 Change Addition TITLE ☐ Delete TITLE NAME JOSE H MANGUR AGUIAR NAME STREET ADDRESS STREET ADDRESS 910 SW 21ST ST CITY-ST-ZIE CITY-ST-ZIP **BOCA RATON FL 33486** Delete Change Addition TITLE TITLE D NAME NAME BOHRER, CLAUDIA STREET ADDRESS STREET ADDRESS 2731 N ANDREWS #B8 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

5852

BAGLO

CITY-ST-ZIP

SIGNATURE:

salum, mahiba

FIGUEIREDO, ALEX

3103 NW 3RD., AVE. #4

523 TIVOLI TRACE, #204

POMPANO BEACH FL 33060

DEERFIELD BEACH FL 33441

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

THAT COLUTE DU SESILAR E. DE ALMOTON

Delete

1/13/2000

YEKRACE

Change

☐ Addition