

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90518 010 \*\*\*\*61.25

**00025086**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #N940000004868 ✓**  
**1. Entity Name**  
**FIRST BRAZILIAN BAPTIST CHURCH OF SOUTH FLORIDA**

**Principal Place of Business** **Mailing Address**  
**1101 NE 33RD ST 1101 NE 33RD ST**  
**POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064**

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0532888**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**ALMEIDA, SILAIR**  
**2372 NW 34 RD**  
**COCONUT CREEK, FL 33066**

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** **P** ☐ Delete  
**NAME** **ALMEIDA, SILAIR**  
**STREET ADDRESS** **2372 NW 34TH RD**  
**CITY-ST-ZIP** **COCONUT CREEK FL 33066**

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

**TITLE** **T** ☐ Delete  
**NAME** **VALVERDE, JAIR**  
**STREET ADDRESS** **6550 SOMERSET DR # 202**  
**CITY-ST-ZIP** **BOCA RATON FL 33433**

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

**TITLE** **T** ☐ Delete  
**NAME** **JOSE H. MAN AGUIAR**  
**STREET ADDRESS** **910 SW 21ST**  
**CITY-ST-ZIP** **BOCA RATON FL 33486**

**TITLE** ☐ Change ☐ Addition  
**NAME** **GILBERTO PEREIRA**  
**STREET ADDRESS** **4251 NW 9th AVE #101**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33064**

**TITLE** **D** ☐ Delete  
**NAME** **BOHRER, CLAUDIA**  
**STREET ADDRESS** **2731 N ANDREWS # B8**  
**CITY-ST-ZIP** **FT. LAUDERDALE FL**

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

**TITLE** **D** ☐ Delete  
**NAME** **SALUM, MAHIBA**  
**STREET ADDRESS** **3103 NW 3RD AVE # 4**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33060**

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

**TITLE** **D** ☐ Delete  
**NAME** **FIGUEIREDO, ALEX**  
**STREET ADDRESS** **523 TIVOLI TRACE # 304**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33441**

**TITLE** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2122101**

Date

Daytime Phone #

**354-977-5821**

CR2E037 (11/00)