2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 26, 2001 8:00 am DOCUMENT # N9500005024 **Secretary of State** 1. Entity Name 07-26-2001 90003 030 ****61.25 ASSEMBLEIA DE DEUS-MINISTERIO DO BELEM, INC. Principal Place of Business Mailing Address 3990 N FEDERAL HWY 3990 N FEDERAL HWY LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0616904 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) COSTA, JOEL F 12823 HYLAND CIRCLE 3929 N FEDERAL HWY **BOCA RATON FL 33428** POMPANO BEACH 8. The above named entity submits this statement for the durpose of changing its registered office or registered agents or both, in the state of Florida. SIGNATURE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE COSTA, JOEL F NAME NAME 12823 HYLAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Change ☐ Addition ☐ Delete TITLE TITLE DE SOUZA, NILSON A NAME NAME STREET ADDRESS 2981 NW 92ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Change ☐ Addition ☐ Delete TITLE AGUIAR, ISMAEL V NAME NAME 370 SE 2ND AVE # G4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE SANTOS, JOANITO NAME 8137 COUNTRY PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP SD 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 cath; 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.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

VASCONCELOS, JOSE A

4128 EASTRIDGE CIRCLE

POMPANO BEACH FL 33064

POMPANO BEACH FL 33064

1721 NE 39 ST

DUTRA, JADER A

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

☐ Delete

07/06/01 (561) 470-9838

☐ Change

☐ Addition