2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N96000004548 Jun 15, 2000 8:00 am COMUNIDADE EVANGELICA SARA NOSSA
TERRA, INC.

rincipal Place of Business
3353 SW 1ST Sheet **Secretary of State** 06-15-2000 90004 007 ****61.25 Principal Place of Business DEERFIELD BEACH, PL 334/2 1131164461 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Country Zip \$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 DANIEL DE OLIVETRA Street Address (P.O. Box Number is Not Acceptable) 1ST STREET City DEENFIELD BEACH 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 06/08/2000 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. DANIEZ DE OLIVEIRA CORREA 2 Delete TITLE TITLE RODOVALHO ROBSON L NAME NAME 2119 HOLLYWOOD BLUD 3353 SW IST STREET STREET ADDRESS STREET ADDRESS MULLYWOOD FE 33020 DEENTHERD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☑ Delete TITLE TITLE GOMES, BENEDITO 2011 NE 6th COURT ANA CECILIA MARINELLI CORREA NAME NAME 3353 SW IST STREET STREET ADDRESS STREET ADDRESS DEEXPIELD BEACH, FL 33442 N. MI'AMI BEACH, PC CITY-ST-ZIP CITY-ST-ZIP Change Addition **☑** Delete TITLE TITLE VALERIA TULLER CASTILITO EDHELSON, ALVES NAME 8520 SW 4th ST STE # 102 PEMBRO KE PONES, FL STREET ADDRESS 3353 SW 1ST STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FEXNANDO MORETRA DE SOUZA Change 7125 NW 186th STREET MIAMI, FL 33015 Addition Addition TITI E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Addition TITLE NAME NAME STREET ADDRESS | STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR