2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 15, 2001 8:00 am Secretary of State DOCUMENT # N96000004548 COMUNIDADE EVANGELICA SARA NOSSA TERRA, INC. 05-16-2001 90186 049 ****61.25 COMMUNITY EVANGELIC SARA NOSSA TERRA, INC. Mailing Address Principal Place of Business 3353 SW 1st Street Same Deerfield Beach, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0692235 Not Applicable Zio Country 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 Pereira De Abreu, Paulo C. 3353 SW 1st Street Street Address (P.O. Box Number is Not Acceptable) Deerfield Beach, FL 33442 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 Make Check Payable to. FILE NOW: \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Department of State FÈE-IS \$81.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TILE XI Change Pereira De Abreu, Paulo C. NAME NAME 691 Banks RD 5065 Wiles RD # 205 STREET ADORESS STREET ADDRESS CITY-ST-ZIP Margate, FL 33063 CITY-ST-ZIP Coconut Creek, FL 33073 VD □ Deleta Campos De Abreu, Debora F. TITLE MIF NAME NAME 691 Banks RD 5065 Wiles RD # 205 STREET ADDRESS STREET ADDRESS Margate, FL 33063 Coconut Creek, FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ■ Addition Moreira_De Souza, Fernando NAME MALIF 7125 NW 186th Street STREET ADDRESS STREET ADDRESS Miami, FL 33015 CITY-ST-21P CITY-ST-ZIP Treas./Secretary/Director Change TITLE □ Delete mm c Castilho, Valeria T. 3353 SW 1st Street Deerfield Beach, FL 33442 Castilho, Valeria T. 3353 SW 1st Street NAME NAME STREET ADDRESS STREET ADDRESS Deerfield Beach, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete TITI F 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

FILED