

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004548

1. Entity Name

COMUNIDADE EVANGELICA SARA NOSSA TERRA, INC.

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90682 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3353 SW 1ST STREET  
 DEERFIELD BEACH FL 33442

3353 SW 1ST STREET  
 DEERFIELD BEACH FL 33442

430799-

2. Principal Place of Business

5414 WEST ATLANTIC BLV.

3. Mailing Address

5414 WEST ATLANTIC BLV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE Florida

City & State

MARGATE Florida

Zip

33063

Country

U.S.A

Zip

33063

Country

U.S.A

4. FEI Number

65-0692235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREIRA DE ABREU, PAULO C  
 3353 SW 1ST STREET  
 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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

TITLE PD  
 NAME PEREIRA DE ABREU, PAULO C  
 STREET ADDRESS 5065 WILES ROAD #205  
 CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE VD  
 NAME CAMPOS DE ABREU, DEBORA F  
 STREET ADDRESS 5065 WILES ROAD #205  
 CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE TSD  
 NAME CASTILHO, VALERIA T  
 STREET ADDRESS 3353 SW 1ST STREET  
 CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE TD  
 NAME CASTILHO, VALERIA T  
 STREET ADDRESS 3353 S.W. 1ST STREET  
 CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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

04/12/02

Date

Daytime Phone #

CR2E037 (9/01)