

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001330

1. Entity Name

ASAMBLEA DE DIOS RESTAURACION, INC.

Principal Place of Business

Mailing Address

3802 W. 12 AVE  
HIALEAH FL 33012

3802 W. 12 AVE  
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMEIDA, ELIAS  
9591 FONT. BLVD  
#109  
MIAMI FL 33172

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 *X ELIAS ALMEIDA*

*President/Director*

*03/21/2001*

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 PD  
NAME ALMEIDA, ELIAS  
STREET ADDRESS 9591 FONTAINEBLEAU BLVD. APT. 109  
CITY-ST-ZIP MIAMI FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME MENDES ALMEIDA, VALERIA  
STREET ADDRESS 9591 FONTAINEBLEAU BLVD. APT. 109  
CITY-ST-ZIP MIAMI FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME DEL SOCORRO LOPEZ, IVANIA  
STREET ADDRESS 10600 SW 204 TERRACE  
CITY-ST-ZIP MIAMI FL 33189

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME LOPEZ, MARLON JOSE  
STREET ADDRESS 10380 SW 216 ST., #216  
CITY-ST-ZIP MIAMI FL 33189

TITLE TD  
NAME ALFONSO GONZALEZ  
STREET ADDRESS 3699 W. 12 AV #17  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HIGINIO GIL  
STREET ADDRESS 18145 N.W. 84 AV.  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MAGALY CASTRO  
STREET ADDRESS 3699 W. 12 AV #12  
CITY-ST-ZIP HIALEAH FL 33012

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: *X ELIAS ALMEIDA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/21/01 (305) 228-6376*

Date Daytime Phone #

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90366 024 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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