

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001330

1. Entity Name

ASAMBLEA DE DIOS RESTAURACION, INC.

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90021 010 ****70.00

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

3802 W. 12 AVE

3. Mailing Address

3802 W. 12 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33012

Country

Dade

Zip

33012

Country

Dade

4. FEI Number

65-0734698

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Almeida, Elias

Street Address (P.O. Box Number is Not Acceptable)

15855 Miami Lakeway N, Apt 348

City

Miami Lakes

FL

Zip Code

33014

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

Elias Almeida

Elias Almeida

04/18/02

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	<input type="checkbox"/> Delete
NAME	ALMEIDA, ELIAS	
STREET ADDRESS	9591 FONTAINEBLEAU BLVD. APT. 109	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENDES ALMEIDA, VALERIA	
STREET ADDRESS	9591 FONTAINEBLEAU BLVD. APT. 109	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEL SOCORRO LOPEZ, IVANIA	
STREET ADDRESS	10600 SW 204 TERRACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALFONSO	
STREET ADDRESS	2699 W. 12TH AVE #7	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIL, HIGINIO	
STREET ADDRESS	18145 NW 84TH AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, HAGLY	
STREET ADDRESS	3699 W. 12TH AVE #12	
CITY-ST-ZIP	HIALEAH FL 33012	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elias Almeida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elias Almeida 04/18/02 (305) 8212735

Date

Daytime Phone #

CR2E037 (9/01)