

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90244 015 ****61.25

DOCUMENT # N97000001330

1. Entity Name

ASAMBLEA DE DIOS RESTAURACION, INC.



Principal Place of Business

**3802 W. 12 AVE
HIALEAH FL 33012**

Mailing Address

**3806 W. 12 AVE
HIALEAH FL 33012**

2. Principal Place of Business

3802 W. 12 AVE

3. Mailing Address

3806 W. 12 AVE

Suite, Apt. #, etc.

HIALEAH

Suite, Apt. #, etc.

HIALEAH, FL

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

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

**15855 MIAMI LAKEWAY N. APT. 348
HIALEAH FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **SD** ☐ Delete
NAME **DEL SOCORRO LOPEZ, IVANIA**
STREET ADDRESS **10800 SW 204 TERRACE**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **TD** ☐ Delete
NAME **GONZALEZ, ALFONSO**
STREET ADDRESS **2699 W. 12TH AVE #7**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
NAME **GIL, HIGINIO**
STREET ADDRESS **18145 NW 84TH AVE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ 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 **PD** ☐ Change ☐ Addition
NAME **Almeida, Elias**
STREET ADDRESS **15610 Bull Run Road # 609** (change address)
CITY-ST-ZIP **Miami Lakes, FL 33014** E.A.

TITLE **VD** ☐ Change ☐ Addition
NAME **MENDES ALMEIDA VALERIA**
STREET ADDRESS **15610 Bull Run Road # 609** (change address)
CITY-ST-ZIP **Miami Lakes, FL 33014** E.A.

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

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

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

TITLE **D** ☐ Change ☐ Addition
NAME **CASTRO, MAGALY**
STREET ADDRESS **3699 W. 12TH AVE #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: *[Signature]* **REQUIRED**

04/13/03 (305) 821 2735

CR2E037 (10/02)