

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002288

1. Entity Name

ASSEMBLY OF GOD NEW LIFE CORPORATION

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90078 013 \*\*\*\*70.00

Principal Place of Business

901 E MACNAB ROAD  
POMPANO BEACH FL 33060

Mailing Address

901 E MACNAB ROAD  
POMPANO BEACH FL 33060-9529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0741132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DA ROSA, NOE F REV.  
1392 SEAVIEW DRIVE  
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name DA ROSA, NOE F. REV.

Street Address (P.O. Box Number is Not Acceptable)  
901 E MACNAB ROAD

City Pompano Beach

FL

Zip Code 33060

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]*

03/27/00

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 P/D ☐ Delete  
NAME DE ROSA, NOE F REV.  
STREET ADDRESS 3963-F COCOPLUM CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE TD ☐ Delete  
NAME BARBOSA, LUIZ CARLOS  
STREET ADDRESS 4964 NW 92ND AVE  
CITY-ST-ZIP SUNRISE FL 33351

TITLE T/D ☒ Delete  
NAME DE SILVA SOARES, LEVI  
STREET ADDRESS 5710 LAKESIDE DR., APT. #714  
CITY-ST-ZIP MARGATE FL 33063

TITLE S/D ☐ Delete  
NAME RAMOS, ALESSANDRO  
STREET ADDRESS 3963-F COCOPLUM CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33063

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 T/D ☐ Change ☒ Addition  
NAME JOAO BATISTA DA SILVA  
STREET ADDRESS 5710 LAKESIDE DR APT #508  
CITY-ST-ZIP MARGATE, FL 33063

TITLE P/D ☒ Change ☐ Addition  
NAME DE ROSA, NOE F. REV.  
STREET ADDRESS 1392 SEAVIEW DRIVE  
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

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 ☐ 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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/00 (954) 974-3136

Date

Daytime Phone #

CR2E037 (9/99)