

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90002 024 ****61.25

DOCUMENT # N97000002288

1. Entity Name

ASSEMBLY OF GOD NEW LIFE CORPORATION

Principal Place of Business

Mailing Address

**901 E MACNAB ROAD
POMPANO BEACH FL 33060**

**901 E MACNAB ROAD
POMPANO BEACH FL 33060**

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**DA ROSA, NOE F REV.
901-E MACNAB ROAD
POMPANO BEACH FL 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, 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
After September 12, 2001, min. will be \$236.25**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1982 SEAVIEW DR.**
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BARBOSA, LUIZ CARLOS**
CITY-ST-ZIP **1392 SEAVIEW DRIVE
NORTH LAUDERDALE FL 33068**

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

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

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **DA SILVA, JOAO B**
CITY-ST-ZIP **5710 LAKESIDE DR APT #508
MARGATE FL 33063**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(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 SIGNATURE REQUIRED**

9/18/01
John P. [unclear] Account
861-330-2998

CR2E037 (5/01)