

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90069 001 \*\*\*\*61.25

**DOCUMENT # N97000004356**

1. Entity Name

**FIRST BRAZILIAN BAPTIST CHURCH OF GREATER MIAMI, INC.**

Principal Place of Business

Mailing Address

**370 GRAND CONCOURSE  
 MIAMI SHORES FL 33138**

**370 GRAND CONCOURSE  
 MIAMI SHORES FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0775356**

Applied For

Not Applicable

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

**I. DAVI NEIVA**

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

**370 Grand Concourse**

City

**MIAMI**

**FL**

Zip Code

**33138**

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 agent if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/28/02**

**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 **D** ☐ Delete  
 NAME **SANTOS, MARIA LUISA**  
 STREET ADDRESS **14921 NE SPOUR DRIVE**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33161**

TITLE **RD** ☐ Change ☒ Addition  
 NAME **I. DAVI NEIVA**  
 STREET ADDRESS **370 Grand Concourse**  
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☐ Delete  
 NAME **TEIXEIRA, MAYRA**  
 STREET ADDRESS **11550 E 21 DRIVE**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

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

TITLE **D** ☐ Delete  
 NAME **DE JESUS, RAIMUNDA**  
 STREET ADDRESS **915 NW 1ST AVENUE # 1310**  
 CITY-ST-ZIP **MIAMI FL 41310**

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

TITLE **D** ☒ Delete  
 NAME **SIERRALTA, CHRISTIAN P.**  
 STREET ADDRESS **4112 COCOPLUM CIRLGE**  
 CITY-ST-ZIP **COCONUT CREEK FL**

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

TITLE **D** ☒ Delete  
 NAME **ALBUQUERQUE, ANDRE C**  
 STREET ADDRESS **8440 FOUNTAINBLEAU BLVD.**  
 CITY-ST-ZIP **MIAMI FL 33172**

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 an other like empowered.

**SIGNATURE: A SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/02 (305) 756-8871**

CR2E037 (9/01)