

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-11-2000 91422 033 ****61.25

DOCUMENT # **N 28000006611**
1. Entity Name
**LUSO PENTE COSTAL AMERICAN CHURCH
ASSEMBLY OF GOD**

Principal Place of Business Mailing Address
**916 MAGNOLIA AVENUE 916 MAGNOLIA AVENUE
NORTH LAUDERDALE FL. NORTH LAUDERDALE
33068 FL, 33068**

2. Principal Place of Business 3. Mailing Address
916 MAGNOLIA AVENUE 916 MAGNOLIA AVENUE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State LAUDERDALE FL. City & State NORTH LAUDERDALE
Zip 33068 Country USA Zip 33068 Country USA

4. FEI Number **65-0924346** ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
**FRANCA, JULIANA
3961 NORTH FEDERAL HIGHWAY
POMPAN0 BEACH FL, 33064**

7. Name and Address of New Registered Agent
Name **DA SILVA, NOE M.**
Street Address (P.O. Box Number is Not Acceptable)
136 COLLY WAY
City **NORTH LAUDERDALE** FL Zip Code **33068-3935**

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 **Noe Santos da Silva** DATE **06/20/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME ☐ Delete
P.D DA SILVA, NOE M.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Delete
V.D DA SILVA, JOEL M.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Delete
S.D DA SILVA, ROSANGELA A.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Delete
T.D DA SILVA, OSEIAS
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Delete
T.D DA SILVA, DANIEL A.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME ☐ Change ☒ Addition
P.D DA SILVA, NOE M.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Change ☒ Addition
V.D DA SILVA, JOEL M.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Change ☒ Addition
S.D DA SILVA, ROSANGELA A.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Change ☒ Addition
T.D DA SILVA, OSEIAS A.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Change ☒ Addition
T.D DA SILVA, DANIEL A.
STREET ADDRESS 136 COLLY WAY
CITY-ST-ZIP NORTH LAUDERDALE FL, 33068
TITLE NAME ☐ Change ☐ Addition
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: **Noe Santos da Silva** DATE **06/20/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FAX 954 4818585
954 4813434

CR2E037 (9/99)