

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000802

1. Entity Name

ASSOCIATION OF BRAZILIAN BAPTIST CHURCHES OF NOR

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90018 042 \*\*\*\*61.25

Principal Place of Business <b>4699 N FEDERAL HIGHWAY, S-208J POMPANO BEACH FL 33064</b>	Mailing Address <b>4699 N FEDERAL HIGHWAY, S-208J POMPANO BEACH FL 33064-6510</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0866390</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**ALMEIDA, SILAIR COLETA**  
**4699 N FEDERAL HIGHWAY, S-208J**  
**POMPANO BEACH FL 33064**

**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.

SIGNATURE *Silair Coleta* 1/26/2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEZERRA, JORGE	
STREET ADDRESS	24 CAMBRIDGE STREET	
CITY-ST-ZIP	CHARLSTOWN MA 02129	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MENDES, CARLOS	
STREET ADDRESS	5671 N.W. WESTERN AVENUE	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IZIDORO, FRANDISCO	
STREET ADDRESS	83-37 264TH STREET	
CITY-ST-ZIP	FLORAL PARK NY 22040	
TITLE	ESTD	<input type="checkbox"/> Delete
NAME	ALMEIDA, SILAIR COLETA	
STREET ADDRESS	2372N.W. 34TH ROAD	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOUZA, MILTON	
STREET ADDRESS	POST OFFICE BOX 415485 N/A	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD MENDES CARLOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5671 NW WESTERN AV.	
STREET ADDRESS	WASHINGTON DC 20015	
CITY-ST-ZIP		
TITLE	VPD BILLY WESLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	298 SAN BRUN AV	
STREET ADDRESS	BRISBANE, CA, 94005	
CITY-ST-ZIP		
TITLE	VPD OPHIR DE BARROS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 4515	
STREET ADDRESS	DANVILLE, CT. 06813-4515	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD ANDREA MONTANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	335 ROBIN DR	
STREET ADDRESS	CORTE MARINA, CA 94925	
CITY-ST-ZIP		
TITLE	SD NEIZY FERREIRA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4520 SEMINARY P# C	
STREET ADDRESS	NEW ORLEANS - LA 70126	
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: *Silair Coleta* 1/26/2000 954-977-5821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)