

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000802

1. Entity Name

ASSOCIATION OF BRAZILIAN BAPTIST CHURCHES OF NOR

Principal Place of Business

4699 N FEDERAL HIGHWAY, S-208J
POMPANO BEACH FL 33064

Mailing Address

4699 N FEDERAL HIGHWAY, S-208J
POMPANO BEACH FL 33064-6510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BEZERRA, JORGE
STREET ADDRESS 24 CAMBRIDGE STREET
CITY-ST-ZIP CHARLSTOWN MA 02129

TITLE PD MENDES CARLOS ☒ Change ☐ Addition
NAME 5671 NW WESTERN AV.
STREET ADDRESS WASHINGTON DC 20015
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME MENDES, CARLOS
STREET ADDRESS 5671 N.W. WESTERN AVENUE
CITY-ST-ZIP WASHINGTON DC 20015

TITLE VPD ☐ Change ☒ Addition
NAME BILLY WESLEY
STREET ADDRESS 298 SAN BRUN AV
CITY-ST-ZIP BRISBANE, CA, 94005

TITLE VPD ☐ Delete
NAME IZIDORO, FRANDISCO
STREET ADDRESS 83-37 264TH STREET
CITY-ST-ZIP FLORAL PARK NY 22040

TITLE VPD ☒ Change ☐ Addition
NAME OPHIR DE BARROS
STREET ADDRESS P.O. BOX 4515
CITY-ST-ZIP DANBURY, CT. 06813-4515

TITLE ESTD ☐ Delete
NAME ALMEIDA, SILAIR COLETA
STREET ADDRESS 2372N.W. 34TH ROAD
CITY-ST-ZIP COCONUT CREEK FL 33066

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

TITLE SD ☐ Delete
NAME SOUZA, MILTON
STREET ADDRESS POST OFFICE BOX 415485 N/A
CITY-ST-ZIP MIAMI FL 33141

TITLE SD ☒ Change ☐ Addition
NAME ANDREA MONTANO
STREET ADDRESS 335 ROBIN DR
CITY-ST-ZIP CORTE MARINA, CA 94925

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☐ Addition
NAME NEIZY FERREIRA
STREET ADDRESS 4520 SEMINARY P# C
CITY-ST-ZIP NEW ORLEANS - LA 70126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0866390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)

954-977-5821

1/26/2000