FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29, 2000 8:00 am
Secretary of State
05-26-2000 90103 050 ***150.00

DOCUMENT # N (99000003418 R

1. Corporation Name

FACULDADE DE EDUCACAO TEOLOGICA LOGOS INC
3990 N Federal Hwy STe #1
LIGHTHOUSE POINT FL 33064

[redacted]

Principal Place of Business	Mailing Address
3990 N Federal Hwy Lighthouse Pt Fl 33064	3990 N Federal Hwy Lighthouse Pt Fl 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
29 Zip 30 Country

4. FEI Number - ☒ Applied F ☐ Not Appli

5. Certificate of Status Desired ☐ **$8.75** Additio Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May B Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALCINO LOPES DE TOLEDO
3990 N Federal Hwy
Lighthouse Pt Fl 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Alcinei Benites Lopes 3990 N Federal Hwy Lighthouse Pt Fl 33064	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALcino Lopes De Toledo DV 3990 N Federal Hwy Lighthouse PT Fl 33064	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERTO TORRES DS 4699 N FEDERAL HWY POMPANO BEACH FL 33064	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐

14. 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 informa indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4-26-00 954 946 6736