

**2001 UNIFORM BUSINESS REPORT (UBR)**

8/1

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90008 030 \*\*\*\*61.25

**DOCUMENT # N99000003418**

1. Entity Name

**FACULDADE DE EDUCACAO TEOLOGICA LOGOS INC.**

Principal Place of Business

Mailing Address

**3990 N FEDERAL HWY #1  
LIGHTHOUSE POINT FL 33064****3990 N FEDERAL HWY #1  
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

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

**DE TOLEDO, ALCINO L  
3990 N FEDERAL HWY #1  
LIGHTHOUSE POINT 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**  
**After September 12, 2001, min. will be \$236.25**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP LOPES, ALCINEI B 3990 N FEDERAL HWY LIGHTHOUSE POINT FL 33064</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV TOLEDO, ALCINO L 3990 N FEDERAL HWY LIGHTHOUSE POINT FL 33064</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS TORRES, ROBERTO 4699 N FEDERAL HWY POMPANO BEACH FL 33064</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/6/01**

Date

Daytime Phone #

CR2E037 (5/01)

*Attachment 12046*  
*Doc # P990000 + 3418*

Please use the label IRS provided when filing tax documents and FTD coupons when making FTD payments. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

FACULDADE DE EDUCACAO TEOLOGICA  
LOGOS INC  
3990 N FEDERAL HWY 1  
LIGHTHOUSE POINT FL 33064

If this information isn't correct, please correct it using the bottom part of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 1-199

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0716802349

Your Telephone Number Best Time to Call  
( )

DATE OF THIS NOTICE: 03-16-1999  
EMPLOYER IDENTIFICATION NUMBER: 65-0900877  
FORM: SS-4

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

FACULDADE DE EDUCACAO TEOLOGICA  
LOGOS INC  
3990 N FEDERAL HWY 1  
LIGHTHOUSE POINT FL 33064