

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005241

1. Entity Name

IGREJA BAPTISTA RENOVADA ~~SOMEWHERE~~, INC. ✓

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90012 036 ****61.25

Principal Place of Business

Mailing Address

6568 NW 4 ST
MARGATE FL 33063

6568 NW 4 ST
MARGATE FL 33063

2. Principal Place of Business

3832 W. Broward

3. Mailing Address

6568 NW 4 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

MARGATE, FL

4. FEI Number

65-0945013

Applied For

Not Applicable

Zip
33317

Country
USA

Zip
33063

Country
USA

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

MUNIZ, ENEAS A REV
6568 NW 4 ST
MARGATE FL 33063

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 13, 2000 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 PD ☐ Delete
NAME MUNIZ, ENEAS A
STREET ADDRESS 6568 NW 4 ST
CITY-ST-ZIP MARGATE FL 33063

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

TITLE SD ☐ Delete
NAME MUNIZ, SUSAN C
STREET ADDRESS 6568 NW 4 ST
CITY-ST-ZIP MARGATE FL 33063

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

TITLE TD ☒ Delete
NAME DA SILVA, LUIZ
STREET ADDRESS 7814 NW 40 ST
CITY-ST-ZIP DAVIE FL 33024

TITLE ☐ Change ☒ Addition
NAME ID Eduardo Bernardo
STREET ADDRESS 6568 NW 4 ST
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #