## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000006802

FILED Jul 11, 2003 Secretary of State

Entity Name: PRIMEIRA IGREJA ASSEMBLEIA DE DEUS INTERNACIONAL EM FORT MYERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3106 BROADWAY FORT MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** 3106 BROADWAY FORT MYERS, FL 33901 FEI Number: 65-0962538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAX HOUSE CORPORATION TAX HOUSE CORPORATION 533 E. SAMPLE ROAD 1261 E SAMPLE ROAD POMPANO BEACH, FL 33064 US POMPANO BEACH, FL 33064 US 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: BRENO GOMES - PRESIDENT 07/11/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition DOS SANTOS, NILDAIR V Name: Name: 3106 BROADWAY Address: Address: FORT MYERS, FL 33901 City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: MOUTELA, LUIZ A Name: Address: 3106 BROADWAY Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: () Delete Title: () Change () Addition LIRA, DEIJALMA R Name: Name: 3106 BROADWAY Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: PEREIRA, GILSON J Name: 3106 BROADWAY Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILDAIR VIEIRA DOS SANTOS PD 07/11/2003