

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90115 048 ****70.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0866390**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **ALMEIDA, SILAIR COLETA 4699 N FEDERAL HIGHWAY, S-208J POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: PD NAME: MENDES, CARLOS STREET ADDRESS: 5671 NW WESTERN AV. CITY-ST-ZIP: WASHINGTON DC 20015	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: SIMOES, ADEMIR STREET ADDRESS: 901 TRINITY CITY-ST-ZIP: AUSTIN, TX 78701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: WESLEY, BILLY STREET ADDRESS: 298 SAN BRUNO AV CITY-ST-ZIP: BRISBANE CA 94005	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: JOSE RIBAMAR MONTEIRO STREET ADDRESS: 355 ROBIN DR. CITY-ST-ZIP: CORTE MADEIRA, CA 94925	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: DE BARROS, DPHIR STREET ADDRESS: PO BOX 4515 CITY-ST-ZIP: DANBURY CT 06813	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: FRANCISCO IZTUORO STREET ADDRESS: 83-87 264 ST CITY-ST-ZIP: FLORAL PARK - NY - 11004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ESTD NAME: ALMEIDA, SILAIR COLETA STREET ADDRESS: 2372N.W. 34TH ROAD CITY-ST-ZIP: COCONUT CREEK FL 33066	<input type="checkbox"/> Delete	TITLE: S NAME: NELSON DOMINGUES STREET ADDRESS: 1500 E. CENTRAL RD CITY-ST-ZIP: MT. PROSPECT - IL - 60056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: MONREW, ANDREIA STREET ADDRESS: 335 ROBIN DR CITY-ST-ZIP: CORTE MADERA CA 94925	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: SILVANEIDE RIBEIRO PAIVA STREET ADDRESS: 355 ROBIN DR. CITY-ST-ZIP: CORTE MADEIRA - CA - 94925	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: FERREIRA, NEIZY STREET ADDRESS: 4520 SEMINARY P #C CITY-ST-ZIP: NEW ORLEANS LA 70126	<input checked="" type="checkbox"/> Delete		

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: SILVANEIDE RIBEIRO PAIVA **7/6/01 - 954-977-5821**

CR2E037 (5/01)