

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-15-2002 90001 042 ****75.00

DOCUMENT # N01000006975

1. Entity Name
~~IGEESIA CRISTIANA EL APOSENTO ALTO, INC.~~

Principal Place of Business 12151 WATERSTONE CT 800 ORLANDO FL 32825	Mailing Address 12151 WATERSTONE COURT 800 ORLANDO FL 32825
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94756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip
Country	Country

4. FEI Number
30-0041538

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIAZ, JOHN E
4020 STONEFIELD DRIVE
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City

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. **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, VICTOR M	
STREET ADDRESS	12151 WATERSTONE COURT, #800	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIAZ, JOHN E	
STREET ADDRESS	4020 STONEFIELD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLON, NEARQUINA	
STREET ADDRESS	1918 ROUSE ROAD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARLOZA, CARLOS	
STREET ADDRESS	10146 TIKIMBER LANE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	M	<input type="checkbox"/> Delete
NAME	RAMOS, SCOT	
STREET ADDRESS	1045 WINDMILL GROVE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, Victor M.	
STREET ADDRESS	12151 Waterstone Court, Apt #800	
CITY-ST-ZIP	ORLANDO FL. 32825 (D)	
TITLE	V.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JOHN E	
STREET ADDRESS	4020 STONEFIELD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828 (T)	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARLOZA, Carlos	
STREET ADDRESS	10146 Tikimber Lane	
CITY-ST-ZIP	ORLANDO FL. 32825 (T)	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, Scot	
STREET ADDRESS	1045 Windmill Grove Circle	
CITY-ST-ZIP	ORLANDO FL. 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

2. 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: Victor M. Diaz **Victor M. DIAZ** Date 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-235-8921