

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

0026718

DOCUMENT # N93000001358

1. Entity Name

IGLESIA BAUTISTA EL CAMINO, INC.

05-07-2001 90017 049 ****70.00

Principal Place of Business

Mailing Address

5815 CORNELIA AVE
 ORLANDO FL 32807
 US

5815 CORNELIA AVE
 ORLANDO FL 32807
 US

545401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3157865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PENA, DAVID REV.
 8021 PORT SAID STREET
 ORLANDO FL 32817

Name **CARLOS TELLEZ**

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

1328 OXALIS AVE.

City **ORLANDO,**

FL

Zip Code **32807**

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 **CARLOS TELLEZ, PRESIDENT**

[Signature]

4/2/01

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**

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	D	☒ Delete
NAME	PENA, DAVID	
STREET ADDRESS	8021 PORT SAID STREET	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	☐ Delete
NAME	IGLESIAS, JESUS S	
STREET ADDRESS	1101 SUPERIOR COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	☐ Delete
NAME	RODRIGUEZ, RIGOBERTO	
STREET ADDRESS	627 PERSHING DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT / DIRECTOR	☐ Change ☒ Addition
NAME	CARLOS TELLEZ	
STREET ADDRESS	1328 OXALIS AVE.	
CITY-ST-ZIP	ORLANDO, FL. 32807	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	CECILIO MELIAN	
STREET ADDRESS	213 APEX POINT UNIT III	
CITY-ST-ZIP	CASSELBERRY FL. 32707	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	JOSE GUTIERREZ	
STREET ADDRESS	1324 FOXTON LANE	
CITY-ST-ZIP	OVIEDO, FL. 32765	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ISMAEL VARGAS	
STREET ADDRESS	1830 JASPER DR	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	ANA M. IGLESIAS	
STREET ADDRESS	1101 SUPERIOR CT.	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE	DIRECTORS	☐ Change ☒ Addition
NAME	PEDRO RODRIGUEZ	
STREET ADDRESS	1328 OXALIS AVE.	
CITY-ST-ZIP	ORLANDO, FL. 32807	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	CARLOS PACHECO	
STREET ADDRESS	1002 SHEDON CT.	
CITY-ST-ZIP	OVIEDO, FL 32765	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **JESUS IGLESIAS** 4/2/01

(407) 679-4948

Date

Daytime Phone #

CR2E037 (10/00)