## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 13, 2000 8:00 am Secretary of State DOCUMENT # **N93000003253** 1. Entity Name IGLESIA CASA DE ALABANZA DE KISSIMMEE, INC 06-13-2000 90008 043 \*\*\*\*61.25 Mailing Address , Principal Place of Business P.O. BOX 422464 1350-C S. BERMUDA AVE KISSIMME FL 34742-2464 KISSIMMEE FL 34741 3. Mailing Address 2. Principal Place of Business Island Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3197961 Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANOS, FREDDY 1759 BIG OAK LANE KISŠIMMEE FL 34746 SSIMMOC) CC 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) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE PΡ NAME BANOS, FREDDY NAME Bands Fredo 1913 Island Circle #201 1759 BIG OAK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 lissimmat, FL Change TITLE TD Delete TITLE ☐ Addition NAME MARRIOTT, SILVIO Banos Banny Circle #201 STREET ADDRESS STREET ADDRESS 648 MCKINLEY Kissimmer, FL 34741 CITY-ST-ZIP= CITY ( ST - ZIP.) KISSIMMEE FL-34758 VŊ ☐ Delete TITI F **SD** Change Addition TITLE Eduin Ortiz NAME **BANOS, BANNY** NAME 1913 Island Circle # 102 STREET ADDRESS STREET ADDRESS 1759 BIG OAK LN CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34746 Kissimmer, FL 84741 Change ☐ Delete ☐ Addition TITLE ORTIZ, EDWIN NAME Victoria 5. Or NAME 3317 Cypress Point Circle STREET ADDRESS STREET ADDRESS 705 HARLAND CT CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Addition TITLE □ Delete TITL F NAME NAME Augusta woods STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoweled to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

THEQUIRED Date Daytime Phone #

changed, or on an attachment with an address