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## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## **FILED** May 21, 2002 8:00 am Secretary of State DOCUMENT # N9400001328 1. Entity Name 02-20-2002 90061 019 \*\*\*\*70.00 MISSION MARANATHA, ASSEMBLIES OF GOD, INC. Principal Place of Business Mailing Address 6802 PALM RIVER ROAD 6802 PALM RIVER ROAD 20216 **TAMPA FL 33819** TAMPA FI 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3292997 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROSADO, JOSE 613 S 67TH STREET **TAMPA FL 33619** City 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TTR Addition (9/01) ☐ Change ☐ Delete TITLE TITLE T R Benigno Pina 3111 W. Lu. Salle st CORA, LIDYA NAME NAME 11001 FERUTA W STREET ADDRESS STREET ADDRESS TAMPA P1-33610 CITY-ST-ZIP TAMPA FL 33619 CITY-ST-71P Delete ☐ Change Addition IIILE T 2 TITLE DALILA, DONES NAME NAME NOIMA MOZA - 704 Flametice Rd. 7023 GLENVIEW DRIVE STREET ADDRESS STREET ADDRES CITY-ST-7/P **TAMPA FL 33619** CITY-ST-ZIP Addition ☐ Octete TITLE TR TITLE xilio Stonjale RODRUQUEZ LUSIA .. NAME NAME 1107 5-1213 ALESSANDRAI OAK PL STREET ADDRESS STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP <u>33619</u> CITY-ST-ZIP TAMOU FIA Delete TITLE TR Addition TITLE PEdro Hernander CONCEPCION, DONES NAME NAME 1107 5-70 57 STREET ADDRESS 7023 GLENVIEW DR. STREET ADDRESS FAMEL #1A. 33619 TAMPA FL 33619 CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Chance TITLE ROSADO, LUIS NAME NAME 720 CAMROSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP BRANDON FL 33510 CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITL F VASQUEZ, EUGENIO NAME NAME 5911 16 AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP 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. Lose Borabo