

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90734 030 ****70.00

DOCUMENT # N46269

1. Entity Name

**ONE HOLY CATHOLIC AND APOSTOLIC ORTHODOX CHURCH,
CORP.**



Principal Place of Business

**808 E MOWRY DRIVE
SUITE 403
HOMESTEAD FL 33030
US**

Mailing Address

**808 E MOWRY DRIVE
SUITE 403
HOMESTEAD FL 33030
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0301738**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPYROU, CONSTANTINE A.
340 NE 18TH AVE., STE 2-103
HOMESTEAD FL 33033-5050**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PMD** ☐ Delete
NAME **SPYROU, CONSTANTINE ARCHBISH**
STREET ADDRESS **340 NE 18TH AVE., STE 2-103**
CITY-ST-ZIP **HOMESTEAD FL 50**

TITLE **D** ☐ Change ☒ Addition
NAME **RAFAEL MENDOZA**
STREET ADDRESS **1327 SW 4th St. Apt 4**
CITY-ST-ZIP **MIAMI, FL 33135** ☐ Change ☐ Addition

TITLE **VMD** ☐ Delete
NAME **ORJUELA, ALBERTO L**
STREET ADDRESS **BARRIO EL CONTENTO**
CITY-ST-ZIP **CUCUTA COLOMBIA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MONSALVE, JESUS M**
STREET ADDRESS **BARIO GRAN COLOMBIA, VILLA ROSARIO**
CITY-ST-ZIP **NORTE DE SANTANDER CO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRD** ☐ Delete
NAME **FONSECA, MARIZILDA**
STREET ADDRESS **7941 SW 146TH AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **LEE, CLAY B**
STREET ADDRESS **14902 N FLORIDA AVE STE E**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SA** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

[Signature] 786-234-0692
04/29/03

CR2E037 (10/02)