

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90169 001 \*\*\*\*\*8.75  
 07-24-2002 90169 002 \*\*\*\*\*61.25

**DOCUMENT # 765931**

1. Entity Name

**CASA DE ORACION ELIM ORLANDO, INC.**

Principal Place of Business

Mailing Address

5392 SILVER STAR RD  
 ORLANDO FL 32808

5392 SILVER STAR RD.  
 ORLANDO FL 32808

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

**NOT APPLICABLE**

Applied For

Not Applicable

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

**PEREZ, ROBERTO**  
**4548 SAN SEBASTIAN CR.**  
**ORLANDO FL 32808**

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

**After September 13, 2002,**  
**min. will be \$236.25.**

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 NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	PEREZ, REV. ROBERTO DIAZ	4548 SAN SEBASTIAN CR. ORLANDO FL 32808	<input checked="" type="checkbox"/>	PD	DIAZ, Roberto R.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DIAZ, ROBERTO R	3009 KNIGHTSBRIDGE RD ORLANDO FL 32818	<input checked="" type="checkbox"/>	D	<del>Saulo</del> Diaz, Saulo		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	HERRERA, EDNA N.	6567 MERITMOOR CR. ORLANDO FL 32818	<input type="checkbox"/>	SD	Herrera, EDNA N.		<input type="checkbox"/>	<input type="checkbox"/>
VD	DIAZ, SAULO	2055 GRAYSTONE TR. ORLANDO FL 32818	<input checked="" type="checkbox"/>	VD	Diaz, Jonas		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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]* **REQUIRED**

7/11/02

(407) 294-5430

CR2E037 (4/02)