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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90206 001 ****61.25
01-17-2003 90206 002 *****8.75

J3001713

U014484

DOCUMENT # **765931**

1. Entity Name
CASA DE ORACION ELIM ORLANDO, INC.

Principal Place of Business
5392 SILVER STAR RD
ORLANDO FL 32808

Mailing Address
5392 SILVER STAR RD.
ORLANDO FL 32808

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Same		Suite, Apt. #, etc. Same	
City & State		City & State	
Zip 32808	Country U.S.A	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

PEREZ, ROBERTO
4548 SAN SEBASTIAN CR.
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name SAULO DIAZ
Street Address (P.O. Box Number is Not Acceptable) 2055 GRAYSTONE TR.
ORLANDO FL 32818
City ORLANDO FL Zip Code 32818

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 Roberto Diaz DATE 1/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	☐ Delete
NAME	DIAZ, ROBERTO R	
STREET ADDRESS	4548 SAN SEBASTIAN CR.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	☐ Delete
NAME	DIAZ, SAULO	
STREET ADDRESS	3009 KNIGHTSBRIDGE RD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD	☐ Delete
NAME	HERRERA, EDNA N	
STREET ADDRESS	6567 MERITMOOR CR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VD	☐ Delete
NAME	DIAZ, JONAS	
STREET ADDRESS	2055 GRAYSTONE TR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (10/02)

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 Roberto Diaz Saulo Diaz 1/14/03 407-521-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR