

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90322 005 \*\*\*\*61.25

**DOCUMENT # N00000001107**

1. Entity Name

**FIRST SPANISH BAPTIST CHURCH OF ALTAMONTE SPRING  
 S, INC.**

Principal Place of Business

Mailing Address

1157 W STATE RD 436 W  
 101  
 ALTAMONTE SPRINGS FL 32814  
 US

P O BOX 161583  
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

TORO, LUIS  
 526 ORANGE DR, APT 26  
 ALTAMONTE SPRINGS FL 32701

Name CARMELO RIVERA

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

532 PORTLAND CIRCLE

City APOPKA

FL

Zip Code 32703

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)

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NP	<input type="checkbox"/> Delete
NAME	RIVERA, CARMELO	
STREET ADDRESS	532 PORTLAND CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TORO, JUIS	
STREET ADDRESS	526 ORANGE DR APT #26	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	POD	<input type="checkbox"/> Delete
NAME	DIAZ, MARTIN D	
STREET ADDRESS	132 HIGHLAND DR	
CITY-ST-ZIP	CASSELBERRY FL 32730	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORO, ELEY	
STREET ADDRESS	526 ORANGE DR APT #26	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, VICTOR	
STREET ADDRESS	3301 S SANFORD AVE APT #27	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth RIVERA	
STREET ADDRESS	532 PORTLAND CIR	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	POD/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donato, Nelson	
STREET ADDRESS	904 D-Orienta Ave	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARMELO RIVERA 5 APR 02 407 682-1568

CR2E037 (9/01)