

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90032 007 \*\*\*\*61.25

**DOCUMENT # N00000001888**

1. Entity Name

**CONCILIO INTERNACIONAL DE IGLESIAS CRISTIANAS IN**

Principal Place of Business

**13237 BOULDER WOODS CIRCLE  
 ORLANDO FL 32824**

Mailing Address

**13237 BOULDER WOODS CIRCLE  
 ORLANDO FL 32824**

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

**66-0557331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, FERNANDO C  
 13237 BOULDER WOODS CIRCLE  
 ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name

**FERNANDO COLON**

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

**13237 BOULDER WOODS CIRCLE**

City

**ORLANDO**

**FL**

Zip Code

**32824**

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

*Fernando Colon*

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

TITLE **PD** ☐ Delete  
 NAME **FIRI, GUSTAVO A**  
 STREET ADDRESS **P.O. BOX 1972**  
 CITY-ST-ZIP **CAROLINA PR 00984**

TITLE **VD** ☐ Delete  
 NAME **COTTO, CARMEN O**  
 STREET ADDRESS **P.O. BOX 22392**  
 CITY-ST-ZIP **SAN JUAN PR 00931**

TITLE **SD** ☐ Delete  
 NAME **CONCEPCIO, RAUL G**  
 STREET ADDRESS **P.O. BOX 1781**  
 CITY-ST-ZIP **CAROLINA PR 00984**

TITLE **TD** ☐ Delete  
 NAME **MARTINEZ, FERNANDO C**  
 STREET ADDRESS **13237 BOULDER WOODS CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32824**

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 **PD** ☒ Change ☐ Addition  
 NAME **FIRI, GUSTAVO A**  
 STREET ADDRESS **P.O. Box 1972**  
 CITY-ST-ZIP **Carolina, PR 00984**

TITLE **VB** ☒ Change ☐ Addition  
 NAME **ORTIZ, CARMEN**  
 STREET ADDRESS **P.O. Box 22392**  
 CITY-ST-ZIP **San Juan, PR 00931**

TITLE **SB** ☒ Change ☐ Addition  
 NAME **GUZMAN, RAUL**  
 STREET ADDRESS **P.O. Box 3444**  
 CITY-ST-ZIP **CAROLINA, PR 00984**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **COLON, FERNANDO**  
 STREET ADDRESS **13237 BOULDER WOODS CIRCLE**  
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Change ☐ Addition  
 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:** *Gustavo A. Firpi* **GUSTAVO A. FIRPI 3 marzo 01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)