

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90109 023 ****61.25

DOCUMENT # N00000004535

1. Entity Name

EL TIEMPO MESIANICO, INC.

Principal Place of Business

**203 MEADOW HILLS DR
 SANFORD FL 32773**

Mailing Address

**P O BOX 950825
 LAKE MARY FL 32795**

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

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, MARSHALL
 203 MEADOW HILLS DR
 SANFORD FL 32773**

7. Name and Address of New Registered Agent

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.

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

TITLE ☐ Delete
 NAME **PD LOPEZ, MARSHALL**
 STREET ADDRESS **203 MEADOW HILLS DR**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
 NAME **VD LOPEZ, GEORGE**
 STREET ADDRESS **203 MEADOW HILLS DR**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
 NAME **STD LOPEZ, ELSA**
 STREET ADDRESS **203 MEADOW HILLS DR**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **M LOPEZ, Detsy**
 STREET ADDRESS **203 Meadow Hills Dr**
 CITY-ST-ZIP **Sanford, FL 32773**

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: _____

Marshall Lopez **Marshall Lopez**

4/30/01

Date

(407) 324-5869

Daytime Phone #

CR2E037 (10/00)