

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-05-2001 90026 038 ****61.25

DOCUMENT # N00000006336

1. Entity Name

UNA TROMPETA AL CIELO, INC.

Principal Place of Business

532 SHERBURN CT.
ORLANDO FL 32828

Mailing Address

532 SHERBURN CT.
ORLANDO FL 32828

2. Principal Place of Business

ORLANDO, FL

3. Mailing Address

532 SHERBURN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3680110

Applied For

☒ Not Applicable

Zip

32828

Country

Zip

32828

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SILVA, SANDY
532 SHERBURN CT.
ORLANDO FL 32828

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

1-22-01
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	PRESIDENT	<input type="checkbox"/> Delete
NAME	SANDY SILVA	
STREET ADDRESS	532 SHERBURN CT	D
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	RUTH J. SILVA	
STREET ADDRESS	532 SHERBURN CT	D
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JAVIER FLORES	
STREET ADDRESS	532 SHERBURN CT	D
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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

1-22-01

Date

(407) 282-1778

Daytime Phone #

CR2037 (10/00)