

2001 UNIFORM BUSINESS REPORT (UBR)

2/14

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-14-2001 90006 018 ****70.00

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1. Entity Name

TABERNACULO DE ORACION CRISTIANO, INC.

Principal Place of Business

Mailing Address

4525 EAST 9TH COURT
HIALEAH FL 33013

4525 EAST 9TH COURT
HIALEAH FL 33013

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

65-1055268

Applied For

Not Applicable

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

PINEDA, LUIS A PASTOR
4525 EAST 9TH COURT
HIALEAH FL 33013

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

Luis A. Pineda *Luis A. Pineda* *2-12-2001*

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	PD	<input type="checkbox"/> Delete
NAME	PINEDA, LUIS A	
STREET ADDRESS	4525 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PINEDA, MARIA D	
STREET ADDRESS	4525 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARCOS, JACK	
STREET ADDRESS	4525 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANADO, MELVIN	
STREET ADDRESS	4525 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARCOS, DARELYS	
STREET ADDRESS	4525 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN ABREU	
STREET ADDRESS	4525 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes Doblado	
STREET ADDRESS	4525 East 9th Court	
CITY-ST-ZIP	Hialeah FL 33013	
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

3/13/01

Date

305-695-0910

Daytime Phone #

CR2E037 (10/00)