

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90164 012 ****70.00

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1. Entity Name

TABERNACULO DE ORACION CRISTIANO, INC.



Principal Place of Business

**4525 EAST 9TH COURT
HIALEAH FL 33013**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PINEDA, LUIS A**
STREET ADDRESS **4525 EAST 9TH COURT**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **VPD** ☐ Delete
NAME **PINEDA, MARIA D**
STREET ADDRESS **4525 EAST 9TH COURT**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **TD** ☒ Delete
NAME **CARDENAS, ANA**
STREET ADDRESS **4525 EAST 9TH CT.**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **SECRETARY** ☐ Delete
NAME **MAURA Ruiz**
STREET ADDRESS **90 EAST 10 AVE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SECRETARY** ☐ Delete
NAME **JUAN A. DOMINGUEZ**
STREET ADDRESS **4515 EAST 9 ST**
CITY-ST-ZIP **HIALEAH FL 33013**

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 **DiGirolamo, Antonietta Michelle**
STREET ADDRESS **4525 East 9 Court**
CITY-ST-ZIP **Hialeah, FL 33013**

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)