

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007791

1. Entity Name

IGLESIA CASA DE ALABANZA DE OKEECHOBEE INC.

Principal Place of Business

6575 NE 96 AVENUE
OKEECHOBEE FL 34972

Mailing Address

6575 NE 96 AVENUE
OKEECHOBEE FL 34972

2. Principal Place of Business

6575 NE 96 AVE

3. Mailing Address

P.O. Box 335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee

City & State

Okeechobee

Zip

34972

Country

Zip

34972

Country

4. FEI Number

65-1060293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

CORTEZ, WOLFGANG
6575 NE 96 AVENUE
OKEECHOBEE FL 34972

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 PD
NAME CORTEZ, WOLFGANG
STREET ADDRESS 6575 NE 96 AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE VD
NAME SANTELICES, ARMANDO A
STREET ADDRESS 6575 NE 96 AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE SD
NAME CORTEZ, YOLANDA
STREET ADDRESS 6575 NE 96 AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE D
NAME SANTELICES, LIDIA R
STREET ADDRESS 6575 NE 96 AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE D
NAME SHAVARRIA, XIOMARA
STREET ADDRESS 6575 NE 96 AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 525-7880
(863) 467-3667

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90010 019 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)