

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90055 050 \*\*\*\*61.25

**DOCUMENT # N00000007791**

1. Entity Name

**IGLESIA CASA DE ALABANZA DE OKEECHOBEE INC.**

Principal Place of Business

Mailing Address

6575 NE 96 AVENUE  
 OKEECHOBEE FL 34972

P.O. BOX 335  
 OKEECHOBEE FL 34972

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

65-1060293

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORTEZ, WOLFGANG  
 6575 NE 96 AVENUE  
 OKEECHOBEE FL 34972

Yolanda Cortez

1781 NE 50 court

Okeechobee

FL

34972

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, name 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	CORTEZ, WOLFGANG	
STREET ADDRESS	6575 NE 96 AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANTELICES, ARMANDO A	
STREET ADDRESS	6575 NE 96 AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORTEZ, YOLANDA	
STREET ADDRESS	6575 NE 96 AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTELICES, LIDIA R	
STREET ADDRESS	6575 NE 96 AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAVARRIA, XIOMARA	
STREET ADDRESS	6575 NE 96 AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cortez Wolfgang	
STREET ADDRESS	1781 NE 50 Court	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cortez, Yolanda	
STREET ADDRESS	1781 NE 50 Ct.	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin Ferminant	
STREET ADDRESS	1781 N.E. 50 court	
CITY-ST-ZIP	Okeechobee, FL. 34972	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Homero Barreto	
STREET ADDRESS	1781 N.E. 50 court	
CITY-ST-ZIP	Okeechobee, FL. 34972	
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 as empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

Date

Daytime Phone #

CF2E037 (9/01)