

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-26-2002 90094 014 ****61.25

DOCUMENT # N00000008390

1. Entity Name

CENTRO EVANGELISTICO CIUDAD DE RESTAURACION (RESTORATION CITY) INC.

Principal Place of Business

Mailing Address

2437 PLEASANT HILL ROAD
 KISSIMMEE FL 34746

375 AYLESBURY CT.
 KISSIMMEE FL 34758-4233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2437 Pleasant Hill Road

3. Mailing Address

375 Aylesbury Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee

4. FEI Number

59-3692417

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34758

Country

USA

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

EMMANUELLI, JORGE E
 375 AYLESBURY CT.
 KISSIMMEE FL 34758-4233

Same

Name

Emmanueli, Jorge E.

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

375 Aylesbury Ct.

City

Kissimmee

FL

Zip Code

34758

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 re-registering)

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
 NAME EMMANUELLI, JORGE E
 STREET ADDRESS 375 AYLESBURY CT.
 CITY-ST-ZIP KISSIMMEE FL 34758-4233 Delete

TITLE PD
 NAME Emmanueli, Jorge E. Same
 STREET ADDRESS 375 Aylesbury Ct.
 CITY-ST-ZIP Kissimmee FL 34758-4233 Change Addition

TITLE SD
 NAME EMMANUELLI, MARIBETH E
 STREET ADDRESS 375 AYLESBURY CT.
 CITY-ST-ZIP KISSIMMEE FL 34758-4233 Delete

TITLE Secretary
 NAME Emmanueli, Maribeth SD
 STREET ADDRESS 375 Aylesbury Ct.
 CITY-ST-ZIP Kissimmee FL 34758-4233 Change Addition

TITLE D
 NAME NATER, PURA E
 STREET ADDRESS 375 AYLESBURY CT.
 CITY-ST-ZIP KISSIMMEE FL 34758-4233 Delete

TITLE vocal
 NAME Emmanueli, Jose E. D
 STREET ADDRESS 375 Aylesbury Ct.
 CITY-ST-ZIP Kissimmee FL 34758-4233 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

407-851-8304

Date

Daytime Phone #

CR2E037 (9/01)