

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

**2437 PLEASANT HILL ROAD
 KISSIMMEE FL 34746**

Mailing Address

**375 AYLESBURY CT.
 KISSIMMEE FL 34758-4233**

2. Principal Place of Business

2437 Pleasant Hill Road

Suite, Apt. #, etc.

3. Mailing Address

375 Aylesbury Ct.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

Kissimmee

4. FEI Number

59-3692417

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

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

Same

Name

Emmanuel, 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 reappointing)

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** ☐ Delete

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

TITLE **SD** ☐ Delete

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

TITLE **D** ☒ Delete

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

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** *Same* ☐ Change ☐ Addition

NAME **Emmanuel, Jorge E.**
 STREET ADDRESS **375 Aylesbury Ct.**
 CITY-ST-ZIP **Kissimmee FL 34758-4233**

TITLE **Secretary** ☒ Change ☐ Addition

NAME **Emmanuel, Maribeth SD**
 STREET ADDRESS **375 Aylesbury Ct.**
 CITY-ST-ZIP **Kissimmee FL 34758-4233**

TITLE **Vocal** ☒ Change ☒ Addition

NAME **Emmanuel, Jose E. D**
 STREET ADDRESS **375 Aylesbury Ct.**
 CITY-ST-ZIP **Kissimmee FL 34758-4233**

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

1/10/02

407-851-8304

CR2E037 (9/01)