2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # N0000008390 1. Entity Name ,					Secretary of State				
	EVANGELISTICO CIUDAD DI ON CITY) INC.	e restauracion (ri	ES			02-26-200	12 90094	014 ****	61.25
Principal Plac	ce of Business	Mailing Address							
2437 PLEASAN KISSIMMEE FL	NT HILL ROAD L 34746	375 AYLESBURY CT. KUSSIMMEE FL 34758-4233							
2. Principal F 2437 Suite, Apt	Place of Business Hill Road #, etc.	3. Mailing Address 375 Ay/esb Suite, Apt/#, etc.	ury Ct	4		DO NOT WE	TAY MARKE MAKEN D	LOSEL CASBO PERCO	
City & Stat	inee FL	City & State Kissimmee		4	, FEI Number	59-3692417	,	<u> </u>	Applied For Not Applicable
71100/19	Country	21/2 CO	Country		. Certificate of			\$8.75 A	ditional
34 F-90	6. Name and Address of Current F	legistered Agent	/_\/ /	<u>احتصده.</u> 7	Name and Ac	dress of New	. حيانت	Fee Requir	ed
			Name	Eliler	11.011	- For	100	F	
	ELLI, JURGE E	Same	Street A	Address (P.O	. Box Number i	s Not Acceptat	375	Ayles	bury CK
	SBURY CT. E FL 34758-4233							/	
:	E E 51/00-7250		City	SSIMU	1100		FI	L Zio Coi	9 5 p
8. The above	named entity submits this statement for	the purpose of changing its re				in the state of F	lorida.		700
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SIGNATURE									- 1
ł	Signature, typed or printed name of registered agent at	nd tide if applicable. (NOTE:	Registered Agent signs	nure required whe	n reinstasing)		DATE		
1	Signature, typed or printed name of registered agent at	9. Election Camp Trust Fund Co	paign Financing	\$5	5.00 May Be		ake Chec	ck Payable ent of Stat	
10.	FILE NOW: FEE IS \$61,25 OFFICERS AND DIR	Election Camp Trust Fund Co	paign Financing	□ \$5 Ado	5.00 May Be		ake Chec Departmo	ent of Stat	N 10
	FILE NOW: FEE IS \$61.25 OFFICERS AND DIRI PD EMMANUELLI, JORGE E 375 AYLESBURY CT.	9. Election Camp Trust Fund Co	paign Financing entribution.	ADD	5.00 May Be ded to Fees OHIONS/CHAN	GES TO OFFICE orge E.	ake Chec Departme ERS AND D	ent of Stat	N 10
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12. I nereby certify that the information supplied with this illing 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 is 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 by 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:

VATURE REQUIRED

110/02 407-851-83