

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91139 018 ****70.00

DOCUMENT # NO1000001232

1. Entity Name

**UNITED IN THE FAITH CHRISTIAN CENTER OF ORLANDO,
 FLORIDA, INC.**

Principal Place of Business

**886 W.LANCASTER ROAD
 ORLANDO FL 32829**

Mailing Address

**886 W.LANCASTER ROAD
 ORLANDO FL 32829**

2. Principal Place of Business

886 W. Lancaster

Suite, Apt. #, etc.

3. Mailing Address

886W. Lancaster Rd.

Suite, Apt. #, etc.

City & State

Orlando, Fl

City & State

Orlando, Fl.

Zip

32809

Country

Orange

Zip

32809

Country

Orange

4. FEI Number

59-3732654

Applied For

☐ Not Applicable

5. Certificate of Status ☒ **Required**

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PAGAN, EVA
 5820 LUZON PL
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

Eva Pagan

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

7523 Sandlake Point Loop #101

City

Orlando

FL

Zip Code

32809

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

Eva Pagan

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PAGAN, EVA 5820 LUZON PL ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARRIOS, ERNESTO 7244 WOODHILL PK DR #1024 ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERALTA, SANTIAGO 1900 WILSON RICH DR #1626 ORLANDO FL 32818	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONTALVO, LUCY 7244 WOODHILL PK DR ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERALTA, MILADY 1900 WILSON RICH DR #1626 ORLANDO FL 32818	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Eva Pagan 7523 Sandlake Point Loop #101 Orlando, Fl. 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Ernesto Barrios 1219 W.Point Villas Blvd.104 winter Garden, Fl. 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ramon Fernandez 149 Randia Drive Orlando, Fl. 312807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Montalvo Lucy 1219 W.Point Villas Blvd.104 Winter Garden, Fl. 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aida Pagan 7589 Sandlake Point Loop 103 Orlando, Fl. 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Eva Pagan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

(407)816-2051

Date

Daytime Phone #

CR2E037 (9/01)