

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001793

1. Entity Name

VISION PENTECOSTAL CHURCH, INC.

Principal Place of Business

Mailing Address

TIMUQUANA OAKS CENTER
5101 TIMUQUANA ROAD
JACKSONVILLE FL 32210

TIMUQUANA OAKS CENTER
5101 TIMUQUANA ROAD
JACKSONVILLE FL 32210

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

01-0596206

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

LUIS M. CINTRON SR

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

9500 103RD STREET #69

City

JACKSONVILLE

FL

Zip Code

32210

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

Luis M. Cintron

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/02

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
D
CINTRON, LUIS M
9500 103RD STREET #69
JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRUZ, ROBERTO
5933 ORTEGA RIVER COURT
JACKSONVILLE FL 32210 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORTIZ, JEANICE
9500 103RD STREET #69
JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICER
WILLIAM MALDONADO
6355 MARCO AVE #2205
JACKSONVILLE, FLORIDA 32244 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Luis M. Cintron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/02

Daytime Phone #

908-9566

CR2E037 (9/01)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-21-2002 90031 031 ****61.25



DO NOT WRITE IN THIS SPACE