

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90204 004 ****61.25

DOCUMENT # N01000002819

1. Entity Name

CENTRO EVANGELISTICO CRUZANDO FRONTERAS OF ORANGE & OSCEOLA COUNTIES, INC.

Principal Place of Business

Mailing Address

**14500 LANDSTAR BOULEVARD
 ORLANDO FL 32824**

**2590 J.R. STREET
 ORLANDO FL 32839**

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

59-3684745

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

**SANTIAGO, CARLOS
 2590 J.R. STREET
 ORLANDO FL 32839**

Name

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

City

FL

Zip Code

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **SANTIAGO, CARLOS**
 STREET ADDRESS **2590 J.R. STREET**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☐ Change ☒ Addition
 NAME **MARIA LAUREANO**
 STREET ADDRESS **2003 SHANNON LAKES CT.**
 CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE **D** ☒ Delete
 NAME **CANDELARIO, JOSE**
 STREET ADDRESS **1735 N. CENTRAL AVENUE, APT. 107**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **D** ☐ Change ☒ Addition
 NAME **MARIA BONILLA**
 STREET ADDRESS **2015 SHANNON LAKES CT.**
 CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE **D** ☐ Delete
 NAME **PEREZ, MATILDE**
 STREET ADDRESS **11744 OTTAWA AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Change ☒ Addition
 NAME **AMPARO REBOLLEDO**
 STREET ADDRESS **12449 BEACONTREE WAY**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **D** ☐ Delete
 NAME **CRUZ, NELSON**
 STREET ADDRESS **2144 OPILANA STREET**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **D** ☒ Delete
 NAME **SANTIAGO, OLGA I**
 STREET ADDRESS **2590 J.R. STREET**
 CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE ☐ Delete
 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:

SANTIAGO, CARLOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

Daytime Phone #

(407) 370-0535

CR2E037 (9/01)