

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91196 034 *****61.25

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DOCUMENT # NO1000004772

1. Entity Name

IGLESIA FUENTE DE AGUA VIVA FT. LAUDERDALE, INC.



Principal Place of Business

**12250 JOHN YOUNG PKWY
ORLANDO FL 32877**

Mailing Address

**P.O. BOX 770367
ORLANDO FL 32877**

20031867



☐ CHECK HERE IF MAKING CHANGES

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 **APPLIED FOR**

14-1879937

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

**FONT, OMAIRA
12250 JOHN YOUNG PKWY
ORLANDO FL 32877**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FONT, RODOLFO	
STREET ADDRESS	P.O. BOX 3986, VALLE ARriba HEIGHTS STAT.	
CITY-ST-ZIP	CAROLINA PR 00984	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSADO, LUIS E	
STREET ADDRESS	P.O. BOX 607071, STE. 286	
CITY-ST-ZIP	BAYAMON PR 00960	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FONT, RODOLFO O	
STREET ADDRESS	P.O. BOX 770367	
CITY-ST-ZIP	ORLANDO FL 32877	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ENCARNACION, WILLIAM	
STREET ADDRESS	PMB 266, AVE. RIO HONDO	
CITY-ST-ZIP	BAYAMON PR 00961	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, ROBERTO	
STREET ADDRESS	P.O. BOX 1528	
CITY-ST-ZIP	VEGA BAJA PR 00694-1528	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEJANDRO, TEODORO	
STREET ADDRESS	P.O BOX 848865	
CITY-ST-ZIP	PEMBROKE PINES FL 33084	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *TEODORO ALEJANDRO* *3/25/03 954-894-1533*

CR2E037 (10/02)