

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90315 033 ****61.25

DOCUMENT # N01000006295

1. Entity Name
IGLESIA PENTECOSTAL CASA DE RESTAURACION, INC.



Principal Place of Business

**1321 W WATER AVE
TAMPA FL 33604**

Mailing Address

**POST OFFICE BOX 260442
TAMPA FL 33685**

33001018



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3747728**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OSORIO, LUIS
10104 CHIMNEY HILL COURT
TAMPA FL 33685**

7. Name and Address of New Registered Agent

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

1 - 7 - 03 -

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

TITLE **PD** ☐ Delete
NAME **OSORIO, LUIS**
STREET ADDRESS **10104 CHIMNEY HILL COURT**
CITY-ST-ZIP **TAMPA FL 33685**

TITLE **STD** ☐ Delete
NAME **OSORIO, ADA**
STREET ADDRESS **10104 CHIMNEY HILL COURT**
CITY-ST-ZIP **TAMPA FL 33685**

TITLE **T** ☒ Delete
NAME **GUZMAN, EMMA I**
STREET ADDRESS **11309 SPRING CT #C**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☐ Delete
NAME **SABEDA, RAMON A**
STREET ADDRESS **5121 EL DORADO DR**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Secretary Rosa E. Dorado**
STREET ADDRESS **8804 Thousand Oaks Ct.**
CITY-ST-ZIP **Tampa, FL 33634**

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

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

TITLE ☐ Change ☒ Addition
NAME **ARTEMIO B. Dorado**
STREET ADDRESS **8804 THOUSAND OAK CIR**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
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 19.07(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:

SIGNATURE REQUIRED

1-7-03

813-890-9093

CR2E037 (10/02)