

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 01, 2002 8:00 am
Secretary of State

03-28-2002 90785 007 ****61.25

DOCUMENT # N01000006354

1. Entity Name

IGLESIA TROMPETA DEL CIELO, INC.

Principal Place of Business

**532 SHERBURN CT.
 ORLANDO FL 32828**

Mailing Address

**532 SHERBURN CT.
 ORLANDO FL 32828**

2. Principal Place of Business

532 SHERBURN CT

Suite, Apt. #, etc.

3. Mailing Address

532 SHERBURN CT

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3117512

Applied For

Not Applicable

Zip

32828

Country

Zip

32828

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SILVA, SANDY
 532 SHERBURN CT.
 ORLANDO FL 32828**

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.

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

TITLE **PRESIDENT** ☐ Delete
 NAME **SANDY SILVA**
 STREET ADDRESS **532 SHERBURN CT**
 CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **SECRETARY** ☐ Delete
 NAME **JEANETTE SILVA**
 STREET ADDRESS **532 SHERBURN CT**
 CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **TREASURER** ☐ Delete
 NAME **JESUS TOLEDO JR**
 STREET ADDRESS **1818 WURDOCK AVE**
 CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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:

SANDY SILVA

3-15-02

(321) 689-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)