

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006975

1. Entity Name

IGEESEA CRISTIANA EL APOSENTO ALTO, INC.

Principal Place of Business

12151 WATERSTONE CT
800
ORLANDO FL 32825

Mailing Address

12151 WATERSTONE COURT
800
ORLANDO FL 32825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DIAZ, JOHN E
4020 STONEFIELD DRIVE
ORLANDO FL 32826

4. FEI Number

30-0041538

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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	P	NAME	DIAZ, VICTOR M	<input type="checkbox"/> Delete
STREET ADDRESS			12151 WATERSTONE COURT, #800	
CITY-ST-ZIP			ORLANDO FL 32825	
TITLE	V	NAME	DIAZ, JOHN E	<input type="checkbox"/> Delete
STREET ADDRESS			4020 STONEFIELD DRIVE	
CITY-ST-ZIP			ORLANDO FL 32826	
TITLE	S	NAME	COLON, NEARQUINA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1918 ROUSE ROAD	
CITY-ST-ZIP			ORLANDO FL 32817	
TITLE	T	NAME	ARLOZA, CARLOS	<input type="checkbox"/> Delete
STREET ADDRESS			10146 TIKIMBER LANE	
CITY-ST-ZIP			ORLANDO FL 32825	
TITLE	M	NAME	RAMOS, SCOT	<input type="checkbox"/> Delete
STREET ADDRESS			1045 WINDMILL GROVE CIRCLE	
CITY-ST-ZIP			ORLANDO FL 32828	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.	NAME	DIAZ, Victor M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			12151 Waterstone Court, Apt #800	
CITY-ST-ZIP			ORLANDO FL 32825 (D)	
TITLE	V	NAME	DIAZ, JOHN E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4020 STONEFIELD DRIVE	
CITY-ST-ZIP			ORLANDO FL 32828 (T)	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	T	NAME	ARLOZA, Carlos	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			10146 Tikimber Lane	
CITY-ST-ZIP			ORLANDO FL 32825 (T)	
TITLE	S	NAME	RAMOS, Scot	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1045 Windmill Grove Circle	
CITY-ST-ZIP			ORLANDO FL 32828 (T)	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

CR02037 (9/01)

2. 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:

VICTOR M DIAZ VICTOR M DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02

Daytime Phone #

321-235-8921

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

05-15-2002 90001 042 ****75.00

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DO NOT WRITE IN THIS SPACE