## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 29, 2002 8:00 am DOCUMENT # N0100007444 1. Entity Name **Secretary of State** IGLESIA CRISTIANA HEFZI-BA ISAIAS 62 INC. 03-29-2002 91399 021 \*\*\*\*70.00 Mailing Address Principal Place of Business 8450 VALENCIA VILLAGE LN: 102 ----8450 VALENCIA VILLAGE LN. 102 ORLANDO FL 32825 ORLANDO FL 32825 क्षेत्रेकेट हरित्र क्षेत्रिकेटी होते हे मुख्यत के हते. नाही 2. Principal Place of Business 65 5. Semoran Blvd 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 04 - 36 2063 City & State City & State FL Orlando Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32807 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent lioleta Street Address (P.O. Box Number is Not Acceptable) ROLDAN, VIOLETA E 8450 VALENCIA VILLAGE LN-102-ORLANDO FL 32825 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. e Roldan, Violeta E. Roldan 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition PD ☐ Delete TITLE TITLE NAME NAME FERNANDEZ, LUIS A STREET ADDRESS STREET ADDRESS 8450 VALENCIA VILLAGE LN. 102 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Addition TITLE Delete TITLE NAME ROLDAN, VIOLETA E NAME STREET ADDRESS STREET ADDRESS 8450 VALENCIA VILLAGE LN. 102 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Change ☐ Addition ម៉ាម៉ែលសម្រាប (1979/20) S 🖸 Delete NAME LAJARA, SUHEILY STREET ADDRESS STREET ADDRESS 8450 VALENCIA VILLAGE LN. 102 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Change Addition TITLE Delete Castro, Louis J. 2033 Tropic Bay Ct Orlando, FL 3280 NAME NAME CASTILLO, NOEMI STREET ADDRESS STREET ADDRESS 8450 VALENCIA VILLAGE LN. 102 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32825 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 explowered.

FILED