

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90733 041 \*\*\*\*70.00

**DOCUMENT # N02000000189**

**1. Entity Name**

IGLESIA PABELLON DE LA VICTORIA DE  
TAMPA, INC.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
4311 W. Waters Ave.

**3. Mailing Address**  
4311 W. Waters Ave.

Suite, Apt. #, etc.  
**Suite # 603**

Suite, Apt. #, etc.  
**Suite # 603**

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33614**

Country  
**U.S.A.**

Zip  
**33614**

Country  
**U.S.A.**

**4. FEI Number** 47-0902449

Applied For  
Not Applicable

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Fermin Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)

**4733 W. Waters Ave. Apt. # 1224**

City **Tampa,**

**FL**

Zip Code  
**33614**

**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

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP Rodriguez, Fermin**  
**4733 W. Waters Ave. Apt. # 1224**  
**Tampa, FL 33614**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS Rodriguez, Raquel**  
**4733 W. Waters Ave. Apt. # 1224**  
**Tampa, FL 33614**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT Rodriguez, Jose R**  
**7210 N. Mahattan Ave. Apt. 712**  
**Tampa, FL 33614**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Fermin Rodriguez* (Fermin Rodriguez) **4/9/03 813-885-5528**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)