

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

DOCUMENT # **N 02 00000 8592**

1. Entity Name

Agape Grupo Cultural, Inc

FILED

03 Jan. 02 PM 12: 08

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12/26/01 4:04:37 PM 009 000000.00

2. Principal Place of Business

2581 SW

Suite, Apt. #, etc.

155 Lane

City & State

Ocala, FL

Zip

34473

Country

USA

3. Mailing Address

2581 SW

Suite, Apt. #, etc.

155 Lane

City & State

Ocala FL

Zip

34473

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Yvonne Jeannot**

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

140 Marion Oaks Trail

City **Ocala FL**

FL

Zip Code

34473

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

Yvonne Jeannot, Yvonne Jeannot, Treasurer

12/20/2002

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President (P), D
Luis A Diaz
2581 SW
155 Lane, Ocala FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice-President (V) D
Yadira Diaz
2581 SW
155 Lane, Ocala FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Yvonne Jeannot
140 Marion Oaks Trail
Ocala FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Rochelle Davila
16105 SW 21 Terrace Rd
Ocala FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Yvonne Jeannot, Yvonne Jeannot

12/20/02

(352) 347-9621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)