

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 034 ****70.00

DOCUMENT # N03746

1. Entity Name

FIRST SPANISH ASSEMBLY OF LEHIGH ACRES, INC.

Principal Place of Business

Mailing Address

1430 HOMESTED RD.
 LEHIGH ACRES FL 33970

PO BOX 321
 LEHIGH ACRES FL 33970-0321
 US

2. Principal Place of Business

3219 Joel Boulevard

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres, Florida

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33972

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, WILFREDO
125 NAVAJO AVE.
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name
Velazquez, Wilfredo
 Street Address (P.O. Box Number is Not Acceptable)
620 Tarapin Avenue
 City
Lehigh Acres **FL** Zip Code
33936

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 *Wilfredo Velazquez*
*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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELAZQUEZ, WILFREDO 1125 NAVAJO AVE LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IRIZARRY, LUIS 107 W. LEELAND HEIGHTS LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, IRIS R 403 ALABAMA RD. S. LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMA, MARIA 512 LAYTON PLACE LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, DOLORES 1300 WOODWARD CT LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/P Velazquez, Wilfredo 620 Tarapin Avenue Lehigh Acres, FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cruz, Berta 5011 Lee Street Lehigh Acres, FL 33971	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Santiago, Carmen 13300 First Street Fort Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Irizarry, Luis 107 W. Leeland Heights Lehigh Acres, FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Irizarry
 Date

Daytime Phone #

CR2E07 (9/99)