

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90003 012 ****61.25

DOCUMENT # N20271

1. Entity Name

IGLESIA CRISTIANA EL REBANO, INC.

Principal Place of Business

**5965 HIBISCUS RD
ORLANDO FL 32807
US**

Mailing Address

**5965 HIBISCUS RD
ORLANDO FL 32807
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2821022

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, CARMEN
1125 SANTA CRUZ WAY
WINTER PARK FL 32708**

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
After September 12, 2001, min. will be \$236.25**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	DP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RAMON	
STREET ADDRESS	1125 SANTA CRUZ WAY	
CITY-ST-ZIP	WINTER SPRINGS FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, CARMEN	
STREET ADDRESS	1125 SANTA CRUZ WAY	
CITY-ST-ZIP	WINTER SPRINGS FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, MARGARITA	
STREET ADDRESS	5924 CHIPOLA CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, EDWIN	
STREET ADDRESS	5924 CHIPOLA CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

REQUIRE

9/14/01

CR2E037 (5/01)