2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32515 1. Entity Name				Feb 07, 2000 8:00 am Secretary of State			
IGLESIA	CRISTIANA HISPANA (DISC	IPULOS DE CRISTO)			ecretary o 2-07-2000 90044 001		
Principal Plac	e of Business	Mailing Address	~~~~~				
1561 N. CHICKASAW TRAIL ORLANDO FL 32825		P.O. BOX 677969 ORLANDO FL 32867-7969					
				(198)((94))	E() #+E() #+=/- #	2
2. Principal Place of Business		3. Mailing Address M. C.]			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State		4. FEI Number			
Zip	- Country.	Zip.	Country	5. Certificate of	Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Ac	dress of New Registered	Agent	
			Name	Sam	e	-	
		4	Street Addres	ss (P.O. Box Number is			
PIMENTEL, HUBERTO REV.			<u> </u>	· 			
1021 CUTOFF BRANCH COURT OVIEDO FL 32765			ſ				
ONEDO F	L 32/03		City		FL	Zip Code	e
O The show	e named entity submits this statement f	or the purpose of charging its	ragistored office or regis	stered agent, or both i			
• HIE GOUVE	THATHER ENTRY SUBINITIES THIS STATEMENT I	or the purpose or changing its r	egistered onice or regis	stered agent, or bein,	Trans signs of Florida.		
SIGNATURE .		0.055	 		DATE		
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	: Registered Agent signature requ	uired when reinstating)	DATE		
					Make Check	Davable to	
	FILE NOW:	9. Election Campaign Trust Fund Contribu	·	5.00 May Be	Make Check)
	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	·	5.00 May Be ded to Fees	Make Check Departmen		,
10.		. Trust Fund Contribu	·	ded to Fees		t of State	
10. TITLE	FEE IS \$61.25	. Trust Fund Contribu	ition. 🗆 Ad	ded to Fees	Departmen	t of State	
	FEE IS \$61.25 OFFICERS AND D T COLLAZO, MANUEL	Trust Fund Contribu	11. TITLE NAME	ded to Fees	Departmen	t of State	10
TITLE NAME STREET ADDRESS	FEE IS \$61.25 OFFICERS AND D T COLLAZO, MANUEL 895 N JERICO DR	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS	ded to Fees	Departmen	t of State	10
TITLE NAME	FEE IS \$61.25 OFFICERS AND D T COLLAZO, MANUEL 895 N JERICO DR CASSELBERRY FL 32707	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHAN	Departmen GES TO OFFICERS AND O	IRECTORS IN Change	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FEE IS \$61.25 OFFICERS AND D T COLLAZO, MANUEL 895 N JERICO DR CASSELBERRY FL 32707 D	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D. 660	ADDITIONS/CHAN	Departmen	t of State	10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FEE IS \$61.25 OFFICERS AND D T COLLAZO, MANUEL 895 N JERICO DR CASSELBERRY FL 32707 D GONZALEZ, YOLANDA 919 RIVECON AVE	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ADDITIONS/CHAN	Department GES TO OFFICERS AND D	IRECTORS IN Change	110
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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 and traction of 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 (407)

| Signature and traction 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 (407)

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