

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40622

1. Entity Name

WORSHIP AND PRAISE CENTER, INC./ CENTRO DE ADORA



Principal Place of Business

P O BOX 592095  
1743 BENTWAY COURT  
ORLANDO FL 32809  
US

Mailing Address

P O BOX 592095  
ORLANDO FL 32809  
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

59-3055781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLON, RAYMOND  
1743 BENTWAY COURT  
ORLANDO, FL 32818

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME COLON, RAYMOND  
STREET ADDRESS 1743 BENT WAY COURT  
CITY-ST-ZIP ORLANDO FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME ARLENE ALDEBOL  
STREET ADDRESS 6572 MERITMOOR CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE DV ☐ Delete  
NAME ORTIZ, ORLANDO  
STREET ADDRESS 3943 PINTAIL CT  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST ☐ Delete  
NAME COLON, ELIZABETH  
STREET ADDRESS 1743 BENT WAY CT  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RAMOS, RAMON  
STREET ADDRESS 135 COOPER COURT  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME VELAZQUEZ, FEDERICO  
STREET ADDRESS 5226 VIA HACIENDA CIR.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)