

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41403

1. Entity Name

IGLESIA CRISTIANA PUERTA DEL CIELO, ALPHA & OMEG

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90231 042 ****70.00

Principal Place of Business

Mailing Address

5730 S.E. 113TH STREET
BELLEVIEW FL 34420-2804

5730 S.E. 113TH STREET
BELLEVIEW FL 34420-4036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3048019

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, CARMEN
48 OAK RUN
OCALA FL 34472

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

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 PT
NAME HERNANDEZ, CARMEN C
STREET ADDRESS 48 OAK RUN
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE PT
NAME HERNANDEZ, CARMEN C
STREET ADDRESS 48 OAK RUN
CITY-ST-ZIP Ocala, FL 34472 ☐ Change ☐ Addition

TITLE ST
NAME SANTOS, VELEZ
STREET ADDRESS 31 SAPHIRE WAY
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE ST
NAME MITCHELL, GUENAROL
STREET ADDRESS 5 PINE CIRCLE RD
CITY-ST-ZIP Ocala, FL 34472 ☒ Change ☐ Addition

TITLE TT
NAME VELEZ, DANIEL
STREET ADDRESS 4385 NE 25 TERRACE
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE TT
NAME VELEZ, DANIEL
STREET ADDRESS 4385 NE 25 TERRACE
CITY-ST-ZIP Ocala, FL 34474 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

CARMEN C. HERNANDEZ 4-7-00 352-687-2804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)