

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90396 028 ****61.25

00068302

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N43799**

1. Entity Name

CASA DE ORACION OF MELBOURNE INC.

Principal Place of Business

1510 Bottlebrush Dr NE

Mailing Address

Palm Bay, FL 32905

STATE

US

2. Principal Place of Business

1510 BAY

3. Mailing Address

1510 Bottlebrush Dr NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Bay, FL

4. FEI Number

59-3071190

Applied For

Not Applicable

Zip

Country

Zip

32905

Country

US

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

DELGADO, KENNETH W.

154 Angelo Rd SE

Palm Bay, FL 32909

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/28/00

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	RAMOS, PAOLO <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONILLA, LOUIS <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELGADO, BETLAGE <input type="checkbox"/> Delete 154 Angelo Rd SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, KEELEND <input type="checkbox"/> Delete 457 Birch Av PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, KENNETH W <input type="checkbox"/> Delete 154 Angelo Rd SE Palm Bay, FL

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JASON BONILLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1812 GLENDORIDGE ST NE PALM BAY, FL 32907
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
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]

6/22/00