

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N45224**

1. Entity Name

**HOUSE OF FREEDOM INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90150 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2311 NORTH 08T  
KISSIMMEE FL 34744  
US

P.O. BOX 42 3202  
KISSIMMEE FL 34742-3202  
2S



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3084953**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORALES, ESTEBAN**  
**1038 SHAWNOLA LN.**  
**KISSIMMEE FL 34742**

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **MORALES, ESTEBAN**  
CITY-ST-ZIP **1038 SHAWNOLA LN.**  
**KISSIMMEE FL 34742**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **CRUZ, ROBERTO**  
CITY-ST-ZIP **3501 WET FLAGLER AVE.**  
**MIAMI FL 33135**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **PONCE, IRIS Y**  
CITY-ST-ZIP **994 CHEROKEE DR**  
**KISSIMMEE FL 34744**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **MORALES, OLGA**  
CITY-ST-ZIP **1038 SHAWNOLA LN.**  
**KISSIMMEE FL 34741**

TITLE ☒ Change ☐ Addition  
NAME **VD/S**  
STREET ADDRESS **Morales, Olga**  
CITY-ST-ZIP **same**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **AVILA, JOSE J**  
CITY-ST-ZIP **HIREM GONZILEZ #949**  
**GAMUY PUERTO RICO**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **DONES, MARILU**  
CITY-ST-ZIP **958 ST KM E.6**  
**RIO GRANDE, PUERTO RICO**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Dones, Mari lu**  
CITY-ST-ZIP **958 St. Km E.6**  
**Rio Grande, Puerto Rico**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Esteban Morales* **Esteban Morales** **3/27/00**

CR2E037 (9/99)