

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0013133

DOCUMENT # N45642

1. Entity Name

CONGREGACION MITA DE FLORIDA, INC.

03-14-2002 90398 001 ****61.25
03-14-2002 90398 002 *****8.75

Principal Place of Business

**304 W. LANCASTER ROAD.. SIDE B
ORLANDO FL 32809**

Mailing Address

**304 W. LANCASTER ROAD.. SIDE B
ORLANDO FL 32809**

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 **59-3092641**

☒ 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

**SOTO, ISMAEL
304 W. LANCASTER ROAD., SIDE B
ORLANDO FL 32809**

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

Ismael Soto

ISMAEL SOTO

2-15-02

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 **PD**
NAME **MONTERO, JOSE A**
STREET ADDRESS **1199 WAKULA WAY**
CITY-ST-ZIP **ORLANDO FL**

☐ Delete

TITLE **VD**
NAME **MONTERO, JOSE A**
STREET ADDRESS **1199 WAKULA WAY**
CITY-ST-ZIP **ORLANDO FL**

☒ Change ☐ Addition

TITLE **VD**
NAME **TORRES, GUILLERMO**
STREET ADDRESS **4213 MONARCH DR.**
CITY-ST-ZIP **ORLANDO FL**

☒ Delete

TITLE **PD**
NAME **SOTO, ISMAEL**
STREET ADDRESS **304 W. LANCASTER ROAD., SIDE B**
CITY-ST-ZIP **ORLANDO FL 32809**

☐ Change ☒ Addition

TITLE **SD**
NAME **MONTERO, MILAGROS**
STREET ADDRESS **1199 WAKULA WAY**
CITY-ST-ZIP **ORLANDO FL**

☒ Delete

TITLE **SD**
NAME **CHARRIEZ, DIANA R.**
STREET ADDRESS **94 ZACALO WAY**
CITY-ST-ZIP **KISSIMMEE FL 34743**

☐ Change ☒ Addition

TITLE **TD**
NAME **TORRES, DAVID**
STREET ADDRESS **8 PRAIRIE FOX LN, #3650**
CITY-ST-ZIP **ORLANDO FL**

☒ Delete

TITLE **TD**
NAME **GONZALEZ, ERNIE**
STREET ADDRESS **103 ZACALO WAY**
CITY-ST-ZIP **KISSIMMEE FL 34743**

☐ Change ☒ Addition

TITLE **D**
NAME **ORTIZ, ELDA SARA**
STREET ADDRESS **9618 6TH AVE.**
CITY-ST-ZIP **ORLANDO FL**

☐ Delete

TITLE **D**
NAME **Ortiz, Elda Sara**
STREET ADDRESS **1208 Perkins Rd.**
CITY-ST-ZIP **Orlando, FL 32809**

☒ 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:

Ismael Soto

February 15, 2002

(407) 240-2882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)