

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90055 028 ****61.25

DOCUMENT # N45642

1. Entity Name

CONGREGACION MITA DE FLORIDA, INC.



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

200 WEST LANCASTER RD.

3. Mailing Address

300 WEST LANCASTER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number **59-3092641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ismael Soto

PRESIDENT

2/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☐ Delete
NAME **SOTO, I'SMAEL**
STREET ADDRESS **304 W. LANCASTER RD SIDE B**
CITY-ST-ZIP **ORLANDO FL 32809**

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

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

TITLE **D** ☐ Delete
NAME **ORTIZ, ELDA SARA**
STREET ADDRESS **1208 PERKINS RD**
CITY-ST-ZIP **ORLANDO FL 32-809X**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **TD** ☐ Change ☒ Addition
NAME **JUANITA RIVERA**
STREET ADDRESS **1202 WAKULLA WAY**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Change ☐ Addition
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:

Ismael Soto

2/28/03

407-240-2882

CR2E037 (10/02)