

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90011 033 \*\*\*\*70.00

**DOCUMENT # N46269**

1. Entity Name

**ONE HOLY CATHOLIC AND APOSTOLIC ORTHODOX CHURCH,**

Principal Place of Business

Mailing Address

340 NE 19TH AVE.  
 STE 2-103  
 HOMESTEAD FL 33033-050  
 US

340 NE 18TH AVE.  
 STE 2-103  
 HOMESTEAD FL 33033-050  
 US

**534768**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**340 NE 18th Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**STE 2-103**

City & State  
**HOMESTEAD, FL**

City & State

4. FEI Number **65-0301738**

Applied For

Not Applicable

Zip  
**33033-5050**

Country  
**U.S.A.**

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

**SPYROU, CONSTANTINE A.**  
**340 NE 18TH AVE., STE 2-103**  
**HOMESTEAD FL 33033-5050**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PMD**  
**SPYROU, CONSTANTINE ARCHBSH**  
**340 NE 18TH AVE., STE 2-103**  
**HOMESTEAD FL 50** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VMD**  
**ORJUELA ALBERTO L.**  
**BARRIO EL CONTENTO**  
**CUCUTA, COLOMBIA** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VMD**  
**MCGOWAN, KYRIL**  
**1317 S. 11 ST**  
**LINCOLN NE 68542** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VMD**  
**ALBERTO L.**  
**ALBERTO L.** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**  
**MONSALVE, JESUS M**  
**BARIO GRAN COLOMBIA, VILLA ROSARIO**  
**NORTE DE SANTANDER CO** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TRD**  
**FONSECA, MARIZILDA**  
**7941 SW 146TH AVE**  
**MIAMI FL 33183** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**C**  
**LEE, CLAY B**  
**14902 N FLORIDA AVE STE E**  
**TAMPA FL 33613** ☐ 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: **+ Archbishop Constantine A. Spyrou** 04/13/01 305-248-0760 305-986-4941  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/1/01

CR2E037 (10/00)