

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90071 017 ****70.00

DOCUMENT # N47523

1. Entity Name

HOSANNA ASSEMBLY, INC.

Principal Place of Business

**9100 EL PORTAL
TAMPA FL 33606**

Mailing Address

**9100 EL PORTAL
TAMPA FL 33606**

2. Principal Place of Business

**2209 Albany Ave
Suite, Apt. #, etc.
Tampa Florida.
City & State**

3. Mailing Address

**1008 Blann Dr.
Suite, Apt. #, etc.
Tampa Florida
City & State**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3123373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALDES, RAFAEL
1008 BLANN ST
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name **Rafael Valdes.**
Street Address (P.O. Box Number is Not Acceptable)
**1008 Blann St
City Tampa FL Zip Code 33603.**

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

Rafael Valdes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/02

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

TITLE **PTD** ☐ Delete
NAME **VALDES, RAFAEL**
STREET ADDRESS **1008 BLANN ST**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **STD** ☐ Delete
NAME **VALDES, DIANEYA**
STREET ADDRESS **6110 N. ARMINIA AVENUE**
CITY-ST-ZIP **TAMPA FL 33604-5758**

TITLE **PD** ☐ Delete
NAME **PEREZ, LUIS**
STREET ADDRESS **508 W 127TH AVENUE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Rafael Valdes

1/12/02 (813) 239-0011

CR2E037 (9/01)