2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State
07-11-2000 90002 040 ****70.00

DOCUMENT # N49380

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1. Entity Name

CATEDRAL DE FE, DE LA ULTIMA COSECHA, INC.

Principal Place of Business	Mailing Address
1840 N. GOLDENROD RD. ORLANDO FL 32807	1840 N. GOLDENROD RD. ORLANDO FL 32807-8404

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
MARTINEZ, RAQUEL 11416 CARDIFF DR ORLANDO FL 32837 Delete	Name PEREZ-APONTE JOAQUIN Street Address (P.O. Box Number is Not Acceptable) 8670 SAVORY Dr City ORLANDO FL Zip Code 32807

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 Joaquin Perez-Aponte, PASTOR (NOTE: Registered Agent's signature required when reinstating) DATE 4/11/2000

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

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	PD MARTINEZ, RAQUEL 11416 CARDIFF DR ORLANDO FL	☒ Delete	PD PEREZ-APONTE Joaquin 8670 SAVORY Dr ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR CALDER, YVONNE 5528 GASDEN GROVE CR ORLANDO FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RENTAS, MARIA V 8058 MARSH HEN DR ORLANDO FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR PEREZ, JOAQUIN 8670 SAVORY DR. ORLANDO FL	☒ Delete	TR. Peraza Bepival 620 N. Semoran Blvd. #8 Winter Park, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MORA, JUAN 4208 F.T. CONRAGE CIR. KISSIMMIEE FL 34746	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TR. ABRAHAM MARSALH 1819 TROPIC Bay CT. ORLando, FL 32807	☐ 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: [illegible] 4/11/2000 (407)277-3013

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #