

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49380

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

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

JOAQUIN, PEREZ A
8670 SAVORY DRIVE
ORLANDO FL 32807

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	P PEREZ-APONTE, JOAQUIN 8670 SAVORY DRIVE ORLANDO FL 32825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR CALDER, YVONNE 5528 GASDEN GROVE CR ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCANO, NANCY O 2023 PURITAN RD. ORLANDO FL 32817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PEREZ, JOAQUIN 8670 SAVORY DR ORLANDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MORA, JUAN 4208 F.T. CONRAGE CIR. KISSIMMEE FL 34746	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARSACH, Abraham 1918 Tropic Bay CT. Orlando, FL 32807	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90103 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)