

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

1/21

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90164 039 ****61.25

DOCUMENT # N49380

1. Entity Name

CATEDRAL DE FE, DE LA ULTIMA COSECHA, INC.



Principal Place of Business
**1840 N. GOLDENROD RD.
ORLANDO FL 32807**

Mailing Address
**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

☒ CHECK HERE IF MAKING CHANGES

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PEREZ-APONTE, JOAQUIN**
CITY-ST-ZIP **8670 SAVORY DRIVE
ORLANDO FL 32825**

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

TITLE ☐ Delete
NAME **TTR**
STREET ADDRESS **CALDER, YVONNE**
CITY-ST-ZIP **5528 GARDEN GROVE CR
ORLANDO FL**

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **MARCANO, NANCY O**
CITY-ST-ZIP **2023 PURITAN RD.
ORLANDO FL 32817**

☒ Change ☐ Addition
TITLE
NAME **VIVIAN DELEON**
STREET ADDRESS **6752 EBANS BND**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Delete
NAME **TR**
STREET ADDRESS **MARSACAL, ABRAHAM**
CITY-ST-ZIP **1918 TROPIC BAY COURT
ORLANDO FL 32807**

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

TITLE ☐ Delete
NAME **TR**
STREET ADDRESS **MORA, JUAN**
CITY-ST-ZIP **4208 F.T. CONRAGE CIR.
KISSIMMEE FL 34746**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 149.07(3)(i), Florida Statutes. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAQUIN PEREZ-APONTE
2-10-02 (407) 658 9775
Daytime Phone #

CR2E037 (10/02)