

2002 UNIFORM BUSINESS REPORT (UBR)

5/5.

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-05-2002 90062 027 ****70.00

DOCUMENT # N51191

1. Entity Name

IGLESIA CATEDRAL DE VIDA, INC.

Principal Place of Business

**1006 S THACKER
 KISSIMMEE FL 32741**

Mailing Address

**IGLESIA CATEDRAL DE VIDA
 PO BOX 450937
 KISSIMMEE FL 34745-0937
 US**

044011



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

59-3190290

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

**SANTIAGO, JUSTINO
 241 FLORIDA PARKWAY BLVD
 KISSIMMEE FL 34743**

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 \$81.25

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 **PD** ☐ Delete
 NAME **SANTIAGO, JUSTINO - Director**
 STREET ADDRESS **241 FLORIDA PARKWAY BLVD**
 CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE **SD** ☒ Delete
 NAME **FIGUEROA, MARCOS**
 STREET ADDRESS **WINNER CIR #2520**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Maria Guzel Directing**
 STREET ADDRESS **755 Caribou Drive**
 CITY-ST-ZIP **Kissimmee, FL 34759**

TITLE **TD** ☐ Delete
 NAME **APONTE, IVELISSE - Director**
 STREET ADDRESS **VALENTINO CT #227**
 CITY-ST-ZIP **DAVENPORT FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 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: IVELISSE APOANTE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 407-997-5110
 Date Daytime Phone #

CR2E037 (9/01)