

9001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000750

1. Entity Name

CENTRO CRISTIANO LATINOAMERICANO GETSEMANI ASAMB

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90183 041 ****70.00

Principal Place of Business

4424 NW 13 ST
SUITE A4
GAINESVILLE FL 32609
US

Mailing Address

P.O. BOX 4116
GAINESVILLE FL 32613-4116
US

LUU40343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4424 NW 13 ST

Suite, Apt. #, etc.

SUITE A-11

3. Mailing Address

4424 NW 13 ST

Suite, Apt. #, etc.

SUITE A-11

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3164570

Applied For

Not Applicable

Zip

32609

Country

USA

Zip

32609

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ROJAS, RAMON J
3631 N.W. 19TH ST.
GAINESVILLE FL 32605

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	PD	<input type="checkbox"/> Delete
NAME	ROJAS, RAMON J	
STREET ADDRESS	3631 N.W. 19TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZAMOT, JOSE M	
STREET ADDRESS	7318 NW 52ND TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CANIZARES, ILEANA	
STREET ADDRESS	3223 N.W. 51ST PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABILLO, REINALDO J	
STREET ADDRESS	4621 NW 28 ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

652-378-0078

Date

Daytime Phone #

CR2E037 (10/00)