

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000750

1. Entity Name

CENTRO CRISTIANO LATINOAMERICANO GETSEMANI ASAMB  
LEAS DE DIOS OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business

Mailing Address

4424 NW 13 ST  
SUITE A11  
GAINESVILLE FL 32609  
US

4424 NW 13 ST  
SUITE A11  
GAINESVILLE FL 32609  
US

2. Principal Place of Business

404 NW 14 AVE

3. Mailing Address

404 NW 14 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32601

Country

USA

Zip

32601

Country

USA

4. FEI Number

59-3164570

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

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

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 PD  
NAME ROJAS, RAMON J  
STREET ADDRESS 3631 N.W. 19TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

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

TITLE TD  
NAME ZAMOT, JOSE M  
STREET ADDRESS 7318 NW 52ND TERRACE  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE SD  
NAME CASTILLO, REINALDO J  
STREET ADDRESS 4621 NW 28 ST  
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE SD  
NAME Sostre, Sylvia E  
STREET ADDRESS 5820 SW. 8th Place  
CITY-ST-ZIP Gainesville, FL 32607 ☒ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

RAMON J. ROJAS

3/19/02

Date

(352)-378-0078

Daytime Phone #

CR2E037 (9/01)

0064761

FILED  
Mar 28, 2002 8:00 am  
Secretary of State

03-28-2002 90788 001 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE