

DOCUMENT # **993000005770**
1. Entity Name**CENTRO CRISTIANO RESTAURACION, INC.**

Principal Place of Business

1600 N CHICKSAW TRAIL
ORLANDO FL 32825
US

Mailing Address

P O BOX 574263
ORLANDO FL 32857-4263
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MOYA, JOSE T
1955 TROPIC BAY CT
ORLANDO FL 32807

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME
GONZALEZ, MICHAEL D
STREET ADDRESS
7920 TUMBLEWEED CT
CITY-ST-ZIP
ORLANDO FL 32822TITLE ☐ DeleteNAME
PABLO MILLAN
STREET ADDRESS
2108 SUMMERWIND DR.
CITY-ST-ZIP
WINTER PARK FLTITLE ☐ DeleteNAME
SALDANA, MYRIAM
STREET ADDRESS
830 VISTA PALMA WAY
CITY-ST-ZIP
ORLANDO FL 32825TITLE ☐ DeleteNAME
MARQUEZ, NANCY
STREET ADDRESS
1525 RIVER REACH DR #224
CITY-ST-ZIP
ORLANDO FL 32828TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME
Pablo Millan
STREET ADDRESS
1955 Tropic Bay Ct.
CITY-ST-ZIP
Orlando, FL 32807TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
President
Jose T. Moya
STREET ADDRESS
492 Short Pine Circle
CITY-ST-ZIP
Orlando FL 32807TITLE ☐ Change ☐ AdditionNAME
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

Date

Daytime Phone #

FILED

00 FEB 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3219309

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E037 (9/99)

LS

2-22-00 (407) 382-2056