

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90269 017 ****70.00

DOCUMENT # N93000005770

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3219309

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

Name

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

City

FL

Zip Code

~~MOYA, JOSE T~~
 492 SHORT PINE CIRCLE
 ORLANDO FL 32807

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
GONZALEZ, MICHAEL D
7920 TUMBLEWEED CT
ORLANDO FL 32822

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Officer
Marrero, Euclides
9414 Dearmont Ave.
Orlando, FL 32825

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
MILLAN, PABLO
1955 TROPIC BAY CT.
ORLANDO FL 32807

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
Millan, Pablo
1219 N. Chickasaw Tr.
Orlando, FL 32825

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SALDANA, MYRIAM
830 VISTA PALMA WAY
ORLANDO FL 32825

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Officer
Sanyer, Herman
646 Wren Dr.
Casselberry, FL 32707

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
MARQUEZ, NANCY
1525 RIVER REACH DR #224
ORLANDO FL 32828

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
MOYA, JOSE T
492 SHORT PINE CIRCLE
ORLANDO FL 32807

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

Date

Daytime Phone #

2-2-01 407-382-2056

CR2E037 (10/00)