

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90001 007 ****70.00

DOCUMENT # N93000005770

1. Entity Name

CENTRO CRISTIANO RESTAURACION, INC.

Principal Place of Business

Mailing Address

**1600 N CHICKSAW TRAIL
 ORLANDO FL 32825
 US**

**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

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

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

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

TITLE **TD** ☐ Delete
 NAME **MILLAN, PABLO**
 STREET ADDRESS **1219 N. CHICKSAW TR.**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **Marquez, Nancy**
 STREET ADDRESS **1024 Valencia Vista Way #207**
 CITY-ST-ZIP **Orlando, FL 32825**

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

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

TITLE **O** ☐ Delete
 NAME **MARRERO, EUCLIDES**
 STREET ADDRESS **9414 DEARMONT AVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☐ Addition
 NAME **Marrero, Euclides**
 STREET ADDRESS **3836 Shawn Cr.**
 CITY-ST-ZIP **Orlando, FL 32826**

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

3/5/02

Date

(407)382-2056

Daytime Phone #

CR2E037 (9/01)