

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002376

1. Entity Name

CASA DE ADORACION ASSEMBLY OF GOD OF ORLANDO, IN

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90017 009 ****61.25

Principal Place of Business

Mailing Address

8703 CURRY FORD RD
ORLANDO FL 32825
US

8703 CURRY FORD RD
ORLANDO FL 32825-8431
US

C0003842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1213057

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARABALLO, JOSE M
8703 CURRY FORD RD
ORLANDO FL 32825

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 Jose M. Caraballo

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 ☐ Delete
NAME CARABALLO, JOSE M
STREET ADDRESS 8703 CURRY FORD RD
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE SD ☐ Delete
NAME CARABALLO, YOLANDA
STREET ADDRESS 8703 CURRY FORD RD
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE TD ☒ Delete
NAME FREDDIE LACOURT
STREET ADDRESS 9549 SUNDANCE CT
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME T.D. Sanchez
STREET ADDRESS 2376 Island Club Way
CITY-ST-ZIP Orlando, Florida 32808

TITLE T ☒ Delete
NAME TORNES, NORMA
STREET ADDRESS 812 LAMBERT LN
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☒ Change ☐ Addition
NAME Efrain Martinez
STREET ADDRESS 1027 Old Barn Rd
CITY-ST-ZIP Orlando, Florida 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1-400

407-382-9115

CR2E037 (9/99)