

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90033 029 *****61.25

DOCUMENT # N94000002376

1. Entity Name

CASA DE ADORACION ASSEMBLY OF GOD OF ORLANDO, IN

Principal Place of Business

**8703 CURRY FORD RD
 ORLANDO FL 32825
 US**

Mailing Address

**8703 CURRY FORD RD
 ORLANDO FL 32825
 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 **58-1213057**

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

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

TITLE ☐ Change ☐ Addition
 NAME **Caraballo, Jose M.**
 STREET ADDRESS **7864 Guardian St**
 CITY-ST-ZIP **Orlando, Fla 32822**

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

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **SANCHEZ, MYRIAM**
 CITY-ST-ZIP **2376 ISLAND CLUB WAY
 ORLANDO FL 32808**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MARTINEZ, EFRAIN**
 CITY-ST-ZIP **1027 OLD BARN RD
 ORLANDO FL 32825**

TITLE ☒ Change ☐ Addition
 NAME **Martinez Efrain**
 STREET ADDRESS **3240 Curry work Circle**
 CITY-ST-ZIP **Orlando, Fla 32822**

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

3-13-01

Date

407-382-9115

Daytime Phone #

CR2E037 (10/00)