

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005173

1. Entity Name

IGLESIA EL FARO ASAMBLEAS DE DIOS INC.

Principal Place of Business

Mailing Address

101 W. CYPRESS ST.
STE. C
KISSIMMEE FL 34741

101 W. CYPRESS ST.
STE. C
KISSIMMEE FL 34741-3322

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

59-3243257

Applied For

Not Applied For

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

MARQUEZ, PABLO E
128 HIDDEN SPRINGS CIRCLE
KISSIMMEE FL 34743

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
PD
MARQUEZ, PABLO E
128 HIDDEN SPRINGS CIRCLE
KISSIMMEE FL 34743 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CABA, EVARISTO
1025 W. TROPICANA CT
KISSIMMEE FL 34741 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Mirela Biarnes
2384 Turpin Dr.
Orlando FL 32837 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VALDERRAMA, FELIX
2604 HORSESHOE BAY DR
KISSIMMEE FL 34741 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Samuel Quiles
4213 Fort Coeage Cr.
Kissimmee, Florida 34741 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Adrian Santiago
4118 Wellington Wood Cr. Apt 201
Kissimmee Florida 34741 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 022 ****61.25



DO NOT WRITE IN THIS SPACE