

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005670

1. Entity Name

PRIMERA IGLESIA BAUTISTA EBENEZER, INC.

Principal Place of Business

5200 OLD CHENEY HWY DR.
ORLANDO FL 32807
US

Mailing Address

5200 OLD CHENEY HSY
ORLANDO FL 32807
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, DAVID
5618 CURRY FORD RD
APT 19
ORLANDO FL 32822

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 BERMUDEZ, GUSTAVO REV
STREET ADDRESS 5200 OLD CHENEY HWY DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Change ☒ Addition
NAME Valentin Ayala
STREET ADDRESS 806 N. Solandra Dr
CITY-ST-ZIP ORLANDO, FL 32807

TITLE D ☐ Delete
NAME LORENZO, ROBERTO
STREET ADDRESS 1902 DIXIE BELLE DR
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE T ☐ Delete
NAME TOIRAC, T E
STREET ADDRESS 616 MERCADO AVENUE
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE D ☐ Delete
NAME CANCEL, MILTON
STREET ADDRESS 519 SOUTHERN CHARM DR
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE S ☐ Delete
NAME HERNANDEZ, ELIZABETH
STREET ADDRESS 616 MERCADO AVENUE
CITY-ST-ZIP ORLANDO FL 32807

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]* GUSTAVO BERMUDEZ 01/15/01 (407) 282-4930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90200 040 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3372144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)