2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90034 001 ****61.25

DOCUMENT # N94000006154

1. Entity Name

IGLESIA ROCA DE ESPERANZA, INC. OF TAMPA, FLORID

Principal Place of Business	Mailing Address
5903 N 47 ST TAMPA FL 33610 US	5903 N 47 ST TAMPA FL 33610-2505 US

DO NOT WRITE IN THIS SPACE

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 59-3251788 ☐ Applied For ☐ Not Applic.

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
ROMERO, JESUS 4330 CHASE DR. ZEPHYRHILLS FL 33453	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROMERO, JESUS REV 4036-D CORTEZ DR TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Additio 4330 CHASE DR. ZEPHYRHILLS, FL 33453
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GALINDO, MARCOS 4207 N HUBERT AVE TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APONTE, JOSE 5453 GEVEVIEVE CIRCLE ZEPHYRHILLS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVELAR, CARLOS 9905 MYRTLE ST, #A TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RODRIGUEZ, ANGELO J JR., 4032-D CORTEZ DR TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ACEVEDO, ELLIS D 8700 50TH ST., #805 TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio

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: Angelo Rodriguez, Jr. 1/24/00 813-664-9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #