

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90046 006 \*\*\*\*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  
 US

7 2 4 0 0 0



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

**59-3251788**

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EFRAIN RODRIGUEZ	
STREET ADDRESS	7368 MONTEREY BVD.	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMON NUNEZ	
STREET ADDRESS	4211 E. RICHMERE ST.	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANGELO, JR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARISOL RUSSELL	
STREET ADDRESS	11020 STREAMSIDE DR.	
CITY-ST-ZIP	TAMPA, FL 33624	

CR2E037 (10/00)

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.* ANGELO RODRIGUEZ, JR. 2/24/01 813-664-9105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #