

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90148 031 ****61.25

DOCUMENT # N94000006154

1. Entity Name

IGLESIA ROCA DE ESPERANZA, INC. OF TAMPA, FLORID
A

Principal Place of Business

Mailing Address

5903 N 47 ST
TAMPA FL 33610
US

5903 N 47 ST
TAMPA FL 33610
US

B0026769



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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROMERO, JESUS REV**
 CITY-ST-ZIP **4330 CHASE DR**
ZEPHYRHILLS FL 33453

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RODRIGUEZ, EFRAIN**
 CITY-ST-ZIP **7368 MONTEREY BLVD**
TAMPA FL 33625

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **APONTE, JOSE**
 CITY-ST-ZIP **5453 GEVEVIEVE CIRCLE**
ZEPHYRHILLS FL

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **LUIS DOMINGUEZ**
 CITY-ST-ZIP **3115 W. DOUGLAS ST.**
TAMPA, FL 33607

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NUNEZ, RAMON**
 CITY-ST-ZIP **4211 E RICHMERE STREET**
TAMPA FL 33617

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

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **RODRIGUEZ, ANGELO JR**
 CITY-ST-ZIP **4032-D CORTEZ DR**
TAMPA FL 33614

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **RUSSELL, MARISOL**
 CITY-ST-ZIP **11020 STREAMSIDE DRIVE**
TAMPA FL 33624

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: *Angelo Rodriguez, Jr. VPD 11/21/02 813-6649205*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)