

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001925

1. Entity Name
YAHWEH RESCUE MISSION, INC.

Principal Place of Business

**6812 50TH AVE. NORTH
ST PETERSBURG FL 33709**

Mailing Address

**6812 50TH AVE. NORTH
ST PETERSBURG FL 33709**

2. Principal Place of Business

6812-50 AVE. No.

Suite, Apt. #, etc.

3. Mailing Address

6812-50 AVE. No.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL.

City & State

St. Petersburg, FL.

Zip

33709

Country

Pinellas

Zip

33709

Country

Pinellas

6. Name and Address of Current Registered Agent

**HERNANDEZ, JOSE COTTO
6812 50TH AVE. NORTH
ST PETERSBURG FL 33709**

4. FEI Number

59-3364240

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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

TITLE **DP** ☐ Delete
NAME **HERNANDEZ, JOSE C**
STREET ADDRESS **6812 50TH AVE. NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **DV** ☐ Delete
NAME **COTTO, VIRGINIA**
STREET ADDRESS **6812 50TH AVE. NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **T** ☐ Delete
NAME **ALVARADO, YOLANDA**
STREET ADDRESS **3913 AMERICAN DR**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **S** ☐ Delete
NAME **COTTO, JOSE D**
STREET ADDRESS **6812 50TH AVE. NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Cotto Hernandez

1-7-02 (727) 548-9238

Date

Daytime Phone #

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90346 001 ****61.25

01-24-2002 90346 002 ****8.75

01-24-2002 90346 003 ****5.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)