

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002888

1. Entity Name

WORLD-WIDE MISSIONARY AND EVANGELISTIC ADVANCE,

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90101 031 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1909 WIND WILLOW ROAD ORLANDO FL 32809	P.O. BOX 592878 ORLANDO FL 32859-2878

2. Principal Place of Business	3. Mailing Address
5934 Bent Pine Dr.	

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Orlando Fl	

Zip	Country	Zip	Country
32822	Orange		

4. FEI Number	Applied For
59-3324268	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
REBECA ORTIZ 1909 WIND WILLOW RD. ORLANDO FL 32809

7. Name and Address of New Registered Agent		
Name Rebecca Ortiz		
Street Address (P.O. Box Number is Not Acceptable) 5934 Bent Pine Dr.		
City Orlando	FL	Zip Code 32822

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	D <input type="checkbox"/> Delete
NAME	NATALIO LOPEZ
STREET ADDRESS	1909 WIND WILLOW ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> Delete
NAME	ORTIZ, REBECCA
STREET ADDRESS	1909 WIND WILLOW ROAD
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	D <input type="checkbox"/> Delete
NAME	PEREZ, OBED
STREET ADDRESS	4537 OAK HEAVEN DRIVE
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ortiz, Rebecca
STREET ADDRESS	5934 Bent Pine
CITY-ST-ZIP	Orlando, Fl. 32822
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rebecca Ortiz **REQUIRED** 1-15-2000 (407) 851-0134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)