

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002888

1. Entity Name

WORLD-WIDE MISSIONARY AND EVANGELISTIC ADVANCE,

Principal Place of Business

5934 BENT PINE DR  
ORLANDO FL 32822

Mailing Address

P.O. BOX 592878  
ORLANDO FL 32859

2. Principal Place of Business

11300 Old Havor Rd.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 620892

Suite, Apt. #, etc.

City & State

Orlando Fl.

City & State

Orlando, Fl.

4. FEI Number

59-3324268

Applied For

Not Applicable

Zip

32837

Country

Orange

Zip

32862

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, REBECCA  
5934 BENT PINE DR  
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name Obed Perez

Street Address (P.O. Box Number is Not Acceptable)

11300 Old Havor Rd.

City Orlando

FL

Zip Code 32862

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

Obed Perez

1-5-01

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 ☐ Delete  
NAME NATALIO LOPEZ  
STREET ADDRESS 1909 WIND WILLOW ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete  
NAME ORTIZ, REBECCA  
STREET ADDRESS 5934 BENT PINE DR  
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ Delete  
NAME PEREZ, OBED  
STREET ADDRESS 4537 OAK HEAVEN DRIVE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D ☒ Change ☐ Addition  
NAME Obed Perez  
STREET ADDRESS 11300 Old Havor Rd.  
CITY-ST-ZIP Orlando, Fl. 32837

TITLE D ☐ Change ☒ Addition  
NAME Francisco Gonzalez  
STREET ADDRESS 11300 Old Havor Rd.  
CITY-ST-ZIP Orlando F. 32837

TITLE D ☐ Change ☒ Addition  
NAME Jacobo Pineda  
STREET ADDRESS 11300 Old Havor Rd.  
CITY-ST-ZIP Orlando, Fl. 32837

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:

Obed Perez

1-5-01

(407) 816-1395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0028306

CR2E037 (10/00)