

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002888

1. Entity Name

WORLD-WIDE MISSIONARY AND EVANGELISTIC ADVANCE, INC.

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90021 048 ****61.25

Principal Place of Business	Mailing Address
11300 OLD HAVOR RD ORLANDO FL 32837 US	P.O. BOX 620892 ORLANDO FL 32862

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		

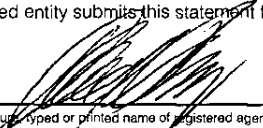
4. FEI Number	Applied For
59-3324268	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ORTIZ, REBECCA 11300 OLD HAVOR RD ORLANDO FL 32862

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:  3-6-02

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	<input type="checkbox"/> Delete
NAME	D NATALIO LOPEZ
STREET ADDRESS	1909 WIND WILLOW ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> Delete
NAME	D ORTIZ, REBECCA
STREET ADDRESS	5934 BENT PINE DR
CITY-ST-ZIP	ORLANDO FL 32822
TITLE	<input type="checkbox"/> Delete
NAME	D PEREZ, OBED
STREET ADDRESS	11300 OLD HAVO RD
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	<input type="checkbox"/> Delete
NAME	D GONZALEZ, FRANCISCO
STREET ADDRESS	11300 OLD HAVOR RD
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	<input type="checkbox"/> Delete
NAME	D PINEDA, JACOBO
STREET ADDRESS	11300 OLD HAVOR RD
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Natalio Lopez
STREET ADDRESS	5934 Bent Pine Dr.
CITY-ST-ZIP	Orlando, Fl. 32822
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Perez, Obed
STREET ADDRESS	1015 Rainbow Dr
CITY-ST-ZIP	Orlando, F. 32809
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Gonzalez, Francisco
STREET ADDRESS	1015 Rainbow Dr.
CITY-ST-ZIP	Orlando Fl. 32809
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Pineda, Jacobo
STREET ADDRESS	1015 Rainbow Dr.
CITY-ST-ZIP	Orlando, Fl. 32809
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:  MORE REQUIRED Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02 (407) 816-1395

Date

Daytime Phone #

CR2E037 (9/01)