

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90057 044 \*\*\*\*61.25

**DOCUMENT # N95000004136**

1. Entity Name

**CENTRO DE ADORACION BET-EL, INC.**



Principal Place of Business

**303 GORNTO LAKE RD  
BRANDON FL 33510  
US**

Mailing Address

**303 GORNTO LAKE RD  
BRANDON FL 33510  
US**

2. Principal Place of Business

**515 N. Valrico Road**

3. Mailing Address

**515 N. Valrico Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Valrico, FL.**

City & State

**Valrico, FL.**

Zip

**33594**

Country

**U.S.A.**

Zip

**33594**

Country

**U.S.A.**

4. FEI Number **59-3331054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RIVERA, JUAN R  
970 SUMMIT RIDGE DRIVE  
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **Joel A. Velasquez**

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

**515 N. Valrico Road**

City **Valrico**

FL

Zip Code

**33594**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-8-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VALASQUEZ, JOSE</b>	
STREET ADDRESS	<b>530 TUSCANNY STREET</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROMERO, LOURDES</b>	
STREET ADDRESS	<b>4309 TEMLO DR</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VELASQUEZ, JOSEFA E.</b>	
STREET ADDRESS	<b>530 TUSCANNY STREET</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, ANTONIO</b>	
STREET ADDRESS	<b>102 VALRICO STATION RD</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIVERA, JUAN R</b>	
STREET ADDRESS	<b>970 SUMMIT RIDGE DRIVE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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)(l), 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:

**JOSE VALASQUEZ**

**7/3/03**

**(813)**

**477-6519**

CR2E037 (10/02)