

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90070 026 ****61.25

DOCUMENT # N95000005349

1. Entity Name

IGLESIA BAUTISTA INTERNACIONAL DE KISSIMMEE INC.

Principal Place of Business

**1990 NEPTUNE ROAD
 KISSIMMEE FL 34744**

Mailing Address

**4743 MESA VERDE DR.
 ST. CLOUD FL 34769**

2. Principal Place of Business

3. Mailing Address

2857 Falling Tree Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32837

4. FEI Number

59-3452227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYES, OMAR REV.
 4743 MESA VEIDE DRIVE
 ST. CLOUD FL 34769**

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 **Jorge Del Valle / President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **REYES, OMAR**
 STREET ADDRESS **4743 MESA VERDE DR.**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **DEL VALLE, MARIA**
 STREET ADDRESS **2857 FALLING TREE RD**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **MD** ☒ Delete
 NAME **ZAYAS, ANGEL**
 STREET ADDRESS **106 CRESCENT CT**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **D** ☒ Change ☐ Addition
 NAME **Monserrat, Jaime**
 STREET ADDRESS **1701 Soaring Heights Cr.**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **Del Valle, Jorge**
 STREET ADDRESS **2857 Falling Tree Rd.**
 CITY-ST-ZIP **Orlando, FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4-24-02 (407) 856-1533

Date

Daytime Phone #

CR2E037 (9/01)