

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005843

1. Entity Name

~~IGLESIA CRISTIANA CAMINO AL CIELO, INC.~~

De la Biblia Abierta, Inc.

Principal Place of Business

Mailing Address

495 E LANCASTER RD
ORLANDO FL 32809
US

~~603 ALABAMA WOODS LN.
ORLANDO FL 32824
US~~

2. Principal Place of Business

3. Mailing Address

Same as Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3367919

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

COLON, RAUL
603 ALABAMA WOODS LN
ORLANDO FL 32824

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME COLON, RAUL
STREET ADDRESS 603 ALABAMA WOODS LANE
CITY-ST-ZIP ORLANDO FL 32824

TITLE AD ☐ Change ☒ Addition
NAME Juanita Arrizary
STREET ADDRESS 1908 Lake Heritage Cir 37
CITY-ST-ZIP Orlando, FL 32839

TITLE AD ☐ Delete
NAME RIVERA, PATRICIO
STREET ADDRESS 923 KEATS AVE
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE S ☐ Delete
NAME MORQUEZ, ELBA
STREET ADDRESS 1801 37TH ST.
CITY-ST-ZIP ORLANDO FL 32839

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

TITLE AD ☐ Delete
NAME GUERRERO, COSME
STREET ADDRESS 340 W. LANCASTER RD
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE T ☐ Delete
NAME COLON, ANNA C
STREET ADDRESS 603 ALABAMA WDS LANE
CITY-ST-ZIP ORLANDO FL 32824

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

TITLE AD ☒ Delete
NAME ARRIOLA, EMILIO
STREET ADDRESS 1861 AMERICANA BLVD 36J
CITY-ST-ZIP ORLANDO FL

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:

Raul Colon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90091 029 ****70.00

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)