

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90993 045 \*\*\*\*70.00

0014506

**DOCUMENT # N95000005843**

1. Entity Name

**CAMINO AL CIELO DE LA BIBLIA ABIERTA, INC.**



Principal Place of Business

**495 E LANCASTER RD  
ORLANDO FL 32809  
US**

Mailing Address

**495 E LANCASTER RD  
ORLANDO FL 32809  
US**

**11022656**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3367919**

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

**495 E Lancaster Rd.**

City

**Orlando.**

**FL**

Zip Code

**32809**

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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME **T 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 ☐ Delete  
NAME **AD IRRIZARY, JUANITA**  
STREET ADDRESS **1908 LAKE HERITAGE CIRCLE #317**  
CITY-ST-ZIP **ORLANDO FL 32839**

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* (Paul Colon)

4-28-03 407-851-1799

CR2E037 (10/02)