

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002195

1. Entity Name

IGLESIA CASA DEL ALFARERO, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90035 029 *****70.00

0028332

Principal Place of Business	Mailing Address
5838 HOFFNER AVE ORLANDO FL 32822 US	P. O. BOX 593533 ORLANDO FL 32859-3533 US

2. Principal Place of Business 5394 Hoffner Ave. Suite, Apt. #, etc. Suite H	3. Mailing Address P.O. Box 593533 Suite, Apt. #, etc.
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City & State Orlando, FL.	City & State Orlando FL.
Zip 32822	Zip 32859-3533
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3435753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVAREZ, ROCHESTER A 220 APPLEWOOD CT KISSIMMEE FL 34743

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Rochester Alvarez</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 3/6/01 (NOTE: Registered Agent signature required when reinstating)
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, ROCHESTER A 5838 HOFFNER AVENUE ORLANDO FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORTES, ANA 5838 HOFFNER AVE ORLANDO FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORALES, RAMONA 5838 HOFFNER AVE. ORLANDO FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Rochester Alvarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01
Date

Daytime Phone #

CR2E037 (10/00)