

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90103 003 \*\*\*\*70.00

DOCUMENT # N96000002195

1. Entity Name

IGLESIA CASA DEL ALFARERO, INC.

Principal Place of Business

Mailing Address

5394 HOPPERS AVE  
STE H  
ORLANDO FL 32822  
US

P. O. BOX 593533  
ORLANDO FL 32859-3533  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5394 Hoffner Ave.

Suite, Apt. #, etc.

Suite H

City & State

Orlando, FL

Zip

Country

32812

US

4. FEI Number

59-3435753

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

ALVAREZ, ROCHESTER A  
220 APPLEWOOD CT  
KISSIMMEE FL 34743

Name

Alvarez Rochester A.

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

12049 Ritz Ct.

City

Orlando

FL

Zip Code

32825

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, ROCHESTER A	
STREET ADDRESS	5838 HOFFNER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CORTES, ANA	
STREET ADDRESS	5838 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORALES, RAMONA	
STREET ADDRESS	5838 HOFFNER AVE.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvarez Rochester A.	
STREET ADDRESS	7051 Pershing Ave.	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cortes Ana L.	
STREET ADDRESS	7051 Pershing Ave.	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Ramona	
STREET ADDRESS	7051 Pershing Ave.	
CITY-ST-ZIP	Orlando FL 32804	
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
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: Rochester Alvarez 2/01/02 (407) 736-8701

CR2E037 (9/01)