

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004085

1. Entity Name

PRIMERA IGLESIA METODISTA UNIDA HISPANA DE TAMPA

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90035 013 ****61.25

Principal Place of Business

4410 W SLIGH AVE
TAMPA FL 33614
US

Mailing Address

3317 ABDELLA ST
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

3408 W. SLIGH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

33614

Country

USA

4. FEI Number

NOT APPLICABLE

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

CORVO, ROBERTO
5604 N ALBANY AVE
TAMPA FL 33614

Name

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

City

FL

Zip Code

33603

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
After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	VERGE, ALEJANDRO	
STREET ADDRESS	3317 W ABDELLA ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	FABABA, HAYDEE	
STREET ADDRESS	3401 N LAKEVIEW DR #1513	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRINGAS, LAZARO	
STREET ADDRESS	7104 S 36TH AVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLALONGA, ROSA	
STREET ADDRESS	3007 AILEEN ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, ADELA	
STREET ADDRESS	3113 IDLEWILD AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	CORVO, ROBERTO	
STREET ADDRESS	5604 N ALBANY AVE	
CITY-ST-ZIP	TAMPA FL 33603	

TITLE	Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7337 JACKSON SPRINGS RD.	
STREET ADDRESS	Tampa FL 33634	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7004 BONAVENTURE DR.	
STREET ADDRESS	TAMPA FL 33607	
CITY-ST-ZIP		
TITLE	Address	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, CARY	
STREET ADDRESS	4824 ST. PABLO	
CITY-ST-ZIP	TAMPA FL 33614	
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 another like empowered.

SIGNATURE: ROSA C. VILLALONGA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-13-2000 (927) 736-6770

Date

Daytime Phone #

CR2E037 (5/00)