

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005170

1. Entity Name

IGLESIA LA VOZ DE LA PIEDRA ANGULAR INC.

12

FILED

Sep 21, 2000 8:00 am  
Secretary of State

03-21-2000 90028 018 \*\*\*\*61.25

09-21-2000 90002 046 \*\*\*\*61.25

Principal Place of Business

829 CASTLE WAY  
LAKELAND FL 33803

Mailing Address

829 CASTLE WAY  
LAKELAND FL 33803

CU101205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

65-0895723

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

RIVERA, MILTON JR.  
829 CASTLE WAY  
LAKELAND FL 33803

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

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 DP  
NAME RIVERA, MILTON JR.  
STREET ADDRESS 829 CASTLE WAY  
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

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

TITLE DS  
NAME RIVERA, MARIA M  
STREET ADDRESS 829 CASTLE WAY  
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

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

TITLE DT  
NAME RIVERA, NANCY V  
STREET ADDRESS 4021 PRAIRIE BEND LN.  
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE DT  
NAME Epifanio Villanueva  
STREET ADDRESS P.O. Box 3502  
CITY-ST-ZIP Immokalee, Fl. 34143 ☒ Change ☐ Addition

TITLE D  
NAME RIVERA, GIL ALBERTO  
STREET ADDRESS 4021 PRAIRIE BEND LN.  
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE DT  
NAME Javier Villanueva  
STREET ADDRESS P.O. Box 3502  
CITY-ST-ZIP Immokalee, Fl. 34143 ☒ Change ☐ Addition

TITLE D  
NAME RIVERA, SAMUEL  
STREET ADDRESS 934 GOLDEN RULE S. CT.  
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE D  
NAME Rebecca Vazquez  
STREET ADDRESS 404 McKax Ave  
CITY-ST-ZIP Lakeland, FL. 33801 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1037 1500