

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001048

1. Entity Name

CASA DE ADORACION EMANUEL, INC.

Principal Place of Business

P.O. BOX 395
GREENSBORO FL 32330

Mailing Address

P.O. BOX 395
GREENSBORO FL 32330

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0873652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, REYES
ERNEST ROAD, HWY. 270-A
GREENSBORO FL 32330

7. Name and Address of New Registered Agent

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**

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
NAME REYES, MEDINA
STREET ADDRESS ERNEST RD, HWY 270-A
CITY-ST-ZIP GREENSBORO FL 32330 ☐ Delete

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

TITLE TD
NAME CASIA, FRANCISCO
STREET ADDRESS 614 E. BETLINET
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE SD
NAME RIOS, VERONICA Y
STREET ADDRESS 719 W. WASHINGTON ST
CITY-ST-ZIP QUINCY FL 32551 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: UNSIGNATURE REQUIRED

5-15-01 / 850 875-1953

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91247 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)