

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002924

1. Entity Name

IGLESIA DE DIOS EL REBANO FIEL, INC.

Principal Place of Business

Mailing Address

4921 E. COLONIAL DRIVE
ORLANDO FL 32807

4921 E. COLONIAL DRIVE
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3529322

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

DE LA ROSA, DIOGENES
5808 WILLOWBUD COURT
ORLANDO FL 32807

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 *Diogenes De La Rosa*

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 PPD ☐ Delete
NAME DE LA ROSA, DIOGENES
STREET ADDRESS 5808 WILLOWBUD COURT
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE VPD ☐ Delete
NAME DE LA ROSA, DOLORES
STREET ADDRESS 5808 WILLOWBUD COURT
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE DT ☐ Delete
NAME SANTIAGO, ROSA
STREET ADDRESS 331 JOHNSON COURT
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE ST ☒ Delete
NAME CASTRO, YOLANDA
STREET ADDRESS 997 OROPESA AVENUE
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Change ☒ Addition
NAME *ST Delgado, Rosa*
STREET ADDRESS *1913 Tropic Bay Ct*
CITY-ST-ZIP *Orlando FL 32807*

TITLE SD ☐ Delete
NAME MOREL, VICENTE
STREET ADDRESS 1217 EASTON STREET
CITY-ST-ZIP ORLANDO FL 32805

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

TITLE SD ☐ Delete
NAME DELGADO, RAUL
STREET ADDRESS 1913 TROPIC BAY CT.
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037-19/99