

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90064 033 \*\*\*\*61.25

**DOCUMENT # N98000003469**

1. Entity Name

**IGLESIA CRISTIANA CANDELERO DE ORO, INC.**

Principal Place of Business

Mailing Address

~~400 S ORLANDO AVE  
 MAITLAND FL 32857-4103~~

~~801 HUNTINGTON PLACE  
 ORLANDO FL 32803-6617~~

2. Principal Place of Business

3. Mailing Address

**4451 OLD WINTER GARDEN RD PO BOX 574103**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**Orlando, FL**

**Orlando FL**

4. FEI Number

**59-3514700**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **32808**

Country **Orange**

Zip **32857-4103**

Country **Orange**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BORRERO, ELISEO  
 801 HUNTINGTON PLACE  
 ORLANDO FL 32803~~

Name **Jose R. Rodriguez**

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

**11 SILVER SWAN CT**

City **Kissimmee**

**FL**

Zip Code **34743-3811**

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 *Jose R. Rodriguez* **Jose R. Rodriguez**

**4/21/2000**

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 **DIR**  Delete  
 NAME ~~BORRERO, ELISEO~~  
 STREET ADDRESS ~~801 HUNTINGTON PL~~  
 CITY-ST-ZIP ~~ORLANDO FL 32807~~

TITLE **DIR**  Change  Addition  
 NAME **JOSE R. RODRIGUEZ**  
 STREET ADDRESS **11 SILVER SWAN CT**  
 CITY-ST-ZIP **KISSIMMEE FL 34743-3811**

TITLE **DIR**  Delete  
 NAME **TIRADO, RITA**  
 STREET ADDRESS ~~5500 ROUND LAKE DR~~  
 CITY-ST-ZIP ~~APOPKA FL 32712~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIR**  Delete  
 NAME ~~FIGUEROA, RAFAEL~~  
 STREET ADDRESS ~~9309 SPRINGVALE DR~~  
 CITY-ST-ZIP ~~ORLANDO FL 32718~~

TITLE **DIR**  Change  Addition  
 NAME **RUBEN RODRIGUEZ**  
 STREET ADDRESS **6159 ROXBURG AVE**  
 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **DIR**  Delete  
 NAME **NIEVES, INES**  
 STREET ADDRESS **1542 SILVERSMITH PL**  
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Jose R. Rodriguez* **Jose R. Rodriguez**

**4/21/00 (407) 348-6183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #