

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90147 009 \*\*\*\*61.25

**DOCUMENT # N98000003469**

1. Entity Name  
**IGLESIA CRISTIANA CANDELERO DE ORO, INC.**

Principal Place of Business      Mailing Address  
**4451 OLD WINTER GARDEN RD**      **PO BOX 680040**  
**ORLANDO FL 32808**      **ORLANDO FL 32868-0040**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-3514700**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE R**  
**11 SILVER SWAN CT**  
**KISSIMMEE FL 34743**

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 \_\_\_\_\_ (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

TITLE	<b>DIR</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, JOSE R</b>	
STREET ADDRESS	<b>11 SILVER SWAN CT</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743-3811</b>	
TITLE	<b>DIR</b>	<input type="checkbox"/> Delete
NAME	<b>TIRADO, RITA</b>	
STREET ADDRESS	<b>5500 ROUND LAKE DR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	<b>DIR</b>	<input type="checkbox"/> Delete
NAME	<b>NIEVES, INES</b>	
STREET ADDRESS	<b>1542 SILVERSMITH PL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>DIR</b>	<input type="checkbox"/> Delete
NAME	<b>SERRANO, JOSE A</b>	
STREET ADDRESS	<b>1117 SUMMER LAKES DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

**SIGNATURE:** *Jose Rodriguez*      **REQUIRED**      **4/25/2002**      **407-348 6183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)