

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005383

1. Entity Name

EMMANUEL'S HOUSE OF RESTORATION, INC.

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90379 021 ****70.00

Principal Place of Business

Mailing Address

50 EAST MAGNOLIA ST #D
APOPKA FL 32703

P.O. BOX 4072
APOPKA FL 32704-4072

2. Principal Place of Business

2988 Sun Pointe CT

3. Mailing Address

P.O. Box 4072

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Apopka, FL

4. FEI Number

59-3476213

Applied For

Not Applicable

Zip

34741

Country

Osceola

Zip

32704-4072

Country

Orange

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

VELAZQUEZ, ELIZABETH
50 EAST MAGNOLIA ST #D
APOPKA FL 32703

Name Elizabeth Velazquez

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

2958 Sun Pointe CT

City

Kissimmee

FL

Zip Code

34741

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 D ☐ Delete
NAME VELAZQUEZ, ELIZABETH
STREET ADDRESS 50 EAST MAGNOLIA ST #D
CITY-ST-ZIP APOPKA FL 32703

TITLE President/Director ☒ Change ☐ Addition
NAME Elizabeth Velazquez
STREET ADDRESS 2958 Sun Pointe CT
CITY-ST-ZIP Kissimmee, FL 34741

TITLE D ☐ Delete
NAME VELAZQUEZ, STEVEN
STREET ADDRESS 50 EAST MAGNOLIA ST #D
CITY-ST-ZIP APOPKA FL 32703

TITLE Vice President/Director ☒ Change ☐ Addition
NAME Steven Velazquez
STREET ADDRESS 2958 Sun Pointe CT
CITY-ST-ZIP Kissimmee FL 34741

TITLE SD ☐ Delete
NAME SMITH, TERRI
STREET ADDRESS 2986 SUN POINTE
CITY-ST-ZIP KISSIMMEE FL 34741

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

TITLE TD ☒ Delete
NAME SOTO, ELMELDA
STREET ADDRESS 1316 BERWICK DR
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☒ Change ☐ Addition
NAME Dionicio Tejada
STREET ADDRESS 3010 SW 140th Loop
CITY-ST-ZIP Ocala, FL 34473 Treasurer

TITLE D ☒ Delete
NAME CHAPMAN, GERTRUDE
STREET ADDRESS 1523 THORNHILL CIR
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☒ Change ☐ Addition
NAME Miladys Zamora
STREET ADDRESS 13209 Glacier National Dr # 4306
CITY-ST-ZIP Orlando, FL 32837 Officer

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Second Vice-President/Director
NAME Eric Diaz
STREET ADDRESS 919 Gerald Dr.
CITY-ST-ZIP Orlando, FL 32824

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:

Elizabeth Velazquez

5-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)