

2002 UNIFORM BUSINESS REPORT (UBR)

0013657

DOCUMENT # N98000006458

1. Entity Name

ROSA DE SARON'S CHURCH, INC.

FILED

02 SEP 16 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

117 N HWY. 17/92 #32
HAINES CITY FL 33844
US

3601 BAKER AVE
96
HAINES CITY FL 33844
US

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

74-3061557

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

HERRERA, TOMAS
3601 BAKER AVE #96
HAINES CITY FL 33844

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 HERRERA, TOMAS
STREET ADDRESS 3601 BAKER AVE #96
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

TITLE PD
NAME HERRERA TOMAS
STREET ADDRESS 3601 BAKER AVE #96
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Change ☐ Addition

TITLE TD
NAME FERNANDEZ, CARLOS E
STREET ADDRESS 8767 TIERRA VISTA CR #201
CITY-ST-ZIP KISSIMMEE FL 33847 ☒ Delete

TITLE TD
NAME COBOS MARIA G.
STREET ADDRESS 1526 Finney Rd.
CITY-ST-ZIP Davenport FL 33837 ☐ Change ☒ Addition

TITLE SD
NAME GOMEZ, RUBEN
STREET ADDRESS 3091 HWY 17-92
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Delete

TITLE SD
NAME Benitez Margnita
STREET ADDRESS 316 Holly Hill Rd
CITY-ST-ZIP Davenport FL 33837 ☐ Change ☐ Addition

TITLE VP
NAME APOLINAR, MENDEZ
STREET ADDRESS 680 EDISON PARKWAY
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

TOMAS HERRERA

CR2E037 (4/02)