

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007062

1. Entity Name

IGLESIA CAMINO A LA VIDA ETERNA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90093 046 ****70.00

Principal Place of Business

Mailing Address

4921 E COLONIAL DR
ORLANDO FL 32803

5461 DECATUR ST
ORLANDO FL 32807-2138

2. Principal Place of Business

5728 Old Chaney Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orl, FL

City & State

Zip

Country

32807 USA

Country

4. FEI Number

59-3547718

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUENTES, FRANK
5461 DECATUR ST
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

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 PD ☐ Delete
NAME FUENTES, FRANK
STREET ADDRESS 5461 DECATUR ST
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE D ☐ Delete
NAME FUENTES, TERESA
STREET ADDRESS 5461 DECATUR ST
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE D ☒ Delete
NAME CRUZ, HAROLD
STREET ADDRESS 189 DAHLIA CIR VILLAGE
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE D ☐ Delete
NAME David Nieves
STREET ADDRESS 618 San Juan Blvd
CITY-ST-ZIP Orl, FL 32807

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 407-893-4151

CR2E037 (9/99)