

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000007359**

1. Entity Name

**"PRINCE OF PEACE" GENERAL COUNCIL, INC.**

Principal Place of Business

7506 EAST CAUSEWAY BLVD.  
TAMPA FL 33619

Mailing Address

1911 DARBYWOOD DR  
BRANDON FL 33510-2616

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**6. Name and Address of Current Registered Agent**REYES, ALFREDO  
1911 DERBYWOOD DR.  
BRANDON FL 33510**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

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**TITLE **DP** ☐ Delete  
NAME **REYES, ALFREDO**  
STREET ADDRESS **1911 DERBYWOOD DR**  
CITY-ST-ZIP **BRANDON FL 33510**TITLE **TD** ☐ Delete  
NAME **PIZARRO, AMARILYS**  
STREET ADDRESS **9411 PINE RIDGE**  
CITY-ST-ZIP **RIVERVIEW FL 33569**TITLE **SD** ☐ Delete  
NAME **DOMINGUEZ, MILAGROS**  
STREET ADDRESS **1911 DERBYWOOD DR**  
CITY-ST-ZIP **BRANDON FL 33510**TITLE **TD** ☐ Delete  
NAME **REYES, NELSON**  
STREET ADDRESS **1207 BRISTOLWOOD DR**  
CITY-ST-ZIP **BRANDON FL 33510**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☒ Change ☐ Addition  
NAME **HECTOR MELENDEZ**  
STREET ADDRESS **734 PALM BAY DRIVE**  
CITY-ST-ZIP **TAMPA, FL. 33619**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:****ALFREDO REYES- REQUIRED**

1-25-2000 (813) 681-3497

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90020 012 \*\*\*\*61.25

**C0018839**

DO NOT WRITE IN THIS SPACE