

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000265

1. Entity Name

INSTITUTE OF THEOLOGICAL EDUCATION, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90440 021 ****61.25

Principal Place of Business

5728 OLD CHENEY HWY
ORLANDO FL 3280-76US

Mailing Address

5728 OLD CHENEY HWY
ORLANDO FL 3280-76US

2. Principal Place of Business

3. Mailing Address

P.O. Box 4566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

Country

Zip

Country

32793-4566 ORANGE

4. FEI Number

NOT APPLICABLE

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

MUNOZ, JUAN C
5728 OLD CHENEY HWY
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 NAME STREET ADDRESS CITY-ST-ZIP | D MUNOZ, JUAN C 3316 HAMLET LOOP WINTER PARK FL 32792 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLON, GLADYS 3316 HAMLET LOOP WINTER PARK FL 32792 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIVERA, EFRAIN 1889 EDEN DR DELTONA FL 32725 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUNOZ, MARCOS P.O. BOX 680965 ORLANDO FL 32868-0965 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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
JUAN COLON-MUNOZ 04/03/01 407 736-9323

Date

Daytime Phone #

CR2E037 (10/00)