

CK # 2299
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90393 030 ****61.25

DOCUMENT # *N99000000265*

1. Entity Name

INSTITUTE OF THEOLOGICAL EDUCATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3316 HAMLET LOOP

3. Mailing Address

P.O. BOX 4566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK FL

City & State

WINTER PARK, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32792

Country

SEMINOLE

Zip

32793-4566

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUAN COLON-MUNOZ

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

3316 HAMLET LOOP

City

WINTER PARK

FL

Zip Code

32792

**DO NOT WRITE
IN THIS SPACE**

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

Juan Colon-Munoz

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

JUAN COLON-MUNOZ

(NOTE: Registered Agent signature required when reinstating)

6-6-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>
NAME	<i>JUAN COLON-MUNOZ</i>
STREET ADDRESS	<i>3316 HAMLET LOOP</i>
CITY-ST-ZIP	<i>WINTER PARK, FL 32792</i>
TITLE	<i>D</i>
NAME	<i>GLADYS COLON</i>
STREET ADDRESS	<i>3316 HAMLET LOOP</i>
CITY-ST-ZIP	<i>WINTER PARK, FL 32792</i>
TITLE	<i>D</i>
NAME	<i>EFRAIN RIVERA</i>
STREET ADDRESS	<i>1889 EDEN DR.</i>
CITY-ST-ZIP	<i>DELTONA, FL 32725</i>
TITLE	<i>D</i>
NAME	<i>MARCOS MUNOZ</i>
STREET ADDRESS	<i>P.O. BOX 680965</i>
CITY-ST-ZIP	<i>ORLANDO, FL 32868-0965</i>
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan Colon-Munoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN COLON-MUNOZ

6-6-02

Date

Daytime Phone #

407

678-5493