

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000468

1. Entity Name

LA BATALLA FINAL DE CRISTO, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90026 035 ****61.25

Principal Place of Business

7217 E COLONIAL DRIVE
ORLANDO FL 32807

Mailing Address

7217 E COLONIAL DRIVE
ORLANDO FL 32807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7217 E Colonial Dr

Suite, Apt. #, etc.

Suite # 214

City & State

Orlando FL

Zip

32807

Country

Orange

3. Mailing Address

7217 E Colonial Dr

Suite, Apt. #, etc.

Suite # 214

City & State

Orlando FL

Zip

32807

Country

Orange

4. FEI Number

58-1217541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORALES, SANDRA
7930 TOLEDO ST
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Morales Sandra

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

7930 Toledo St

City

Orlando

FL

Zip Code

32822

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	D	<input type="checkbox"/> Delete
NAME	MORALES, SANDRA	
STREET ADDRESS	7930 TOLEDO ST	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACEVEDO, RUPERTO	
STREET ADDRESS	7930 TOLEDO ST	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANGUAL, LIZ	
STREET ADDRESS	6160 LANDRACE ST	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTANA, WUANDA	
STREET ADDRESS	T-10B WOOD LAKE VAL	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/11/01 (407) 384-7474

CR2E037 (10/00)