

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002647

1. Entity Name

IGLESIA CRISTIANA MISION DE AMOR, INC.

Principal Place of Business

2555 NEWBOLT DRIVE  
ORLANDO FL 32817

Mailing Address

2555 NEWBOLT DRIVE  
ORLANDO FL 32817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 677430  
Orlando FL 32867  
Orange

4. FEI Number

59-3625787

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIOS, ANGEL  
2555 NEWBOLT DRIVE  
ORLANDO FL 32817

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.

(NOT: 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 D ☐ Delete  
NAME RIOS, ANGEL  
STREET ADDRESS 2555 NEWBOLT DRIVE  
CITY-ST-ZIP ORLANDO FL 32817

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

TITLE D ☐ Delete  
NAME RIOS, SANDRA  
STREET ADDRESS 2555 NEWBOLT DRIVE  
CITY-ST-ZIP ORLANDO FL 32817

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

TITLE D ☒ Delete  
NAME CASTRO, IVAN  
STREET ADDRESS 1109 NOLTON WAY  
CITY-ST-ZIP ORLANDO FL 32822

TITLE DT ☒ Change ☐ Addition  
NAME Hiram del Rio  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☒ Delete  
NAME RIVERA, SANDRA  
STREET ADDRESS 634 ROMANO AVENUE  
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☒ Change ☐ Addition  
NAME Rosa del Rio  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Delete  
NAME CASTRO, OMAIRA  
STREET ADDRESS 1109 NOLTON WAY  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ Change ☐ Addition  
NAME Iris Machado  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CARMONA, MARCY  
STREET ADDRESS 2035 DIXIE BELL DR APT B  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ Change ☐ Addition  
NAME Carlos Rodriguez  
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

5-1-01 407-676-6402

FILED  
Jun 04, 2001 8:00 am  
Secretary of State

06-04-2001 90013 004 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)