

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90005 049 \*\*\*\*66.25

**DOCUMENT # N99000003423**

1. Entity Name

**WORLD FAMILY LOVE MISSIONS, INC.**

Principal Place of Business

Mailing Address

1316 HOFFNER AVE  
 ORLANDO FL 32809  
 US

1316 HOFFNER AVE  
 ORLANDO FL 32809  
 US

**C0070702**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*1316 Hoffner Ave.*

*Same as Above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Orlando, FL*

*Same as Above*

Zip

Zip

*32809*

Country

Country

*USA*

4. FEI Number

**NOT APPLICABLE**

☒ 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

CARVAJAL, ANA M  
 1316 HOFFNER AVE.  
 ORLANDO FL 32809

Name *Guissella Carvajal*

Street Address (P.O. Box Number is Not Acceptable) *1316 Hoffner Ave.*

City *Orlando*

FL

Zip Code *32809*

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 *Guissella Carvajal* *Guissella Carvajal*

*5-1-01*

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 ☐ Delete  
 NAME **DPMD**  
 STREET ADDRESS **CARVAJAL, ANA M**  
 CITY-ST-ZIP **1316 HOFFNER AVE.  
 ORLANDO FL 32809**

TITLE ☐ Change ☒ Addition  
 NAME *Tarissa Milano V.P.*  
 STREET ADDRESS *4546 S. Semoran Blvd. #515*  
 CITY-ST-ZIP *Orlando, FL 32822*

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **COLLAZO, DOLORES**  
 CITY-ST-ZIP **1000 DEDDINGTON PL  
 KISSIMMEE FL 34758**

TITLE ☐ Change ☒ Addition  
 NAME *Fenny Alvarez*  
 STREET ADDRESS *4546 S. Semoran Blvd. #515*  
 CITY-ST-ZIP *Orlando, FL 32822*

TITLE ☐ Delete  
 NAME **Perez, Naomi**  
 STREET ADDRESS **478 BOXWOOD CT**  
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE ☐ Change ☒ Addition  
 NAME *Guissella Carvajal*  
 STREET ADDRESS *1316 Hoffner Ave.*  
 CITY-ST-ZIP *Orlando, FL 32809*

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **VELEZ, ELSA**  
 CITY-ST-ZIP **660 ROYALTY CT  
 KISSIMMEE FL 34758**

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

TITLE ☒ Delete  
 NAME **DT**  
 STREET ADDRESS **CARVAJAL, JOHN G**  
 CITY-ST-ZIP **1316 HOFFNER AVE.  
 ORLANDO FL 32809**

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

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **MEJIA, GABRIELA**  
 CITY-ST-ZIP **4732 WALDEN CIRCLE #1237  
 ORLANDO FL 32811**

TITLE ☐ 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 empowers.

SIGNATURE: *Guissella Carvajal* *M. Carvajal* *5/1/01* *32505*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)