

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005225

1. Entity Name

CASA DE DIOS AMOR Y PAZ CORP.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90086 018 ****70.00

Principal Place of Business

6592 U.S. 1
WINTER BEACH FL 32971

Mailing Address

1036 24TH PLACE S.W.
VERO BEACH FL 32962-8027

00041100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3525 108th PL
Suite, Apt. #, etc.

3. Mailing Address

1036 24th PL S.W.
Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32967

Country

INDIAN RIVER

Zip

32962

Country

INDIAN RIVER

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OROZCO, ZORAIDA REV.
1036 24TH PLACE S.W.
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OROZCO, ZORAIDA REV.	
STREET ADDRESS	1036 24TH PLACE S.W.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANTIAGO, LUZ DEL SOL	
STREET ADDRESS	660 19TH ST. S.W.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FIGUEROA, ANTONIA	
STREET ADDRESS	938 BEACH LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, CONCEPCION	
STREET ADDRESS	408 7TH RD. S.W.	
CITY-ST-ZIP	VERO BEACH FL 32962	
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
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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: *Zoraida Orozco* Zoraida Orozco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2000

Date

778-3957

Daytime Phone #

CR2E037 (9/99)