

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005225

1. Entity Name

CASA DE DIOS AMOR Y PAZ CORP.

Principal Place of Business

3525 68TH PL  
VERO BEACH FL 32967

Mailing Address

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

2. Principal Place of Business

3525 68th PL

3. Mailing Address

1036 24 PL SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach Florida

City & State

Vero Beach Florida

Zip

32971

Country

Indian River

Zip

32962

Country

Indian River

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

4. FEI Number

65-0979907

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

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 ☐ Delete  
NAME OROZCO, ZORAIDA REV.  
STREET ADDRESS 1036 24TH PLACE S.W.  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE VD ☐ Delete  
NAME SANTIAGO, LUZ DEL SOL  
STREET ADDRESS 660 19TH ST. S.W.  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE SD ☐ Delete  
NAME FIGUEROA, ANTONIA  
STREET ADDRESS 938 BEACH LANE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE TD ☐ Delete  
NAME RIOS, ELIZABETH  
STREET ADDRESS 625 24TH PL SW  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 empowered.

SIGNATURE:

ZORAIDA OROZCO ZORAIDA OROZCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02 (772) 778-3957

Date

Daytime Phone #

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90023 028 \*\*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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