

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005878

1. Entity Name

TEMPLO FILADELFIA, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90004 002 ****61.25

001203

Principal Place of Business

SR 674 E & 4TH STREET
WIMAUMA FL 33598

Mailing Address

P O BOX 1038
WIMAUMA FL 33598

00063449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3602779

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VELAZQUEZ, NEEMIAS
SR 674 E & 4TH STREET
WIMAUMA FL 33598

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
After September 12, 2001, min. will be \$236.25.

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	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, NEEMIAS	
STREET ADDRESS	P O BOX 1038	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREVINO, EVARISTO	
STREET ADDRESS	P O BOX 5153	
CITY-ST-ZIP	WIMAUMA FL 33571	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEGA, TEODORO	
STREET ADDRESS	P O BOX 1173	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELOZ, JAIME	
STREET ADDRESS	P O BOX 644	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARA, GUADALUPE R	
STREET ADDRESS	P O BOX 1223	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE	D	<input type="checkbox"/> Delete
NAME	RESENDEZ, LEANDRO	
STREET ADDRESS	3493 SHADY BROOK DR	
CITY-ST-ZIP	NORTH MULBERRY FL 33860	

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		
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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 *NEEMIAS VELAZQUEZ* *8/28/01*