

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005964**

1. Entity Name

HOLY LOGOS INTERNATIONAL, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90074 022 *****61.25

Principal Place of Business

Mailing Address

**3209-A N. ARMENIA AVENUE
TAMPA FL 33607****3209-A N. ARMENIA AVENUE
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3608001

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

**RODRIGUEZ, JOHNNY
4020 W. CASS STREET
TAMPA FL 33609**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ORTIZ, LUIS M 4020 W. CASS STREET TAMPA FL 33609	<input type="checkbox"/>		<input type="checkbox"/>
D DEL CASTILLO, RAMON 3209 N. ARMENIA AVENUE TAMPA FL 33607	<input type="checkbox"/>		<input type="checkbox"/>
D AMARO, JOSE A 4847 N. MELTON AVE., APT. 205 TAMPA FL 33614	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

Jose A. Amaro **JOSE A. AMARO D.**

Date

Daytime Phone #

CR2E037 (10/00)