

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90033 007 \*\*\*\*70.00

**DOCUMENT # N99000006170**

1. Entity Name

**ASOCIACION DE CAPELLANES HISPANO AMERICANA INTER**

Principal Place of Business

Mailing Address

**9405 N 11TH ST  
TAMPA FL 33612**

**9405 N 11TH ST  
TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3396222**

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

**ALCANCE MISIONERO INTERDENOMINCIONAL, INC.  
9405 N 11TH ST  
TAMPA FL 33612**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **YORRES, MANUEL YAMBO**  
CITY-ST-ZIP **P.O. BOX 192687  
SAN JUAN PR 00919-2687**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **MALAVET, FLOR M**  
CITY-ST-ZIP **RR-7 BOX 7151  
SAN JUAN PR 00926**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **ARZUADA RUIZ, MARIA V**  
CITY-ST-ZIP **CALLE 3 CASA H 22 ESTANCIA TIERRA ALTA  
SAN ISIDRO CANOVANA PR 00729**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BURGOS, REYNOALDO**  
CITY-ST-ZIP **BO OBRERO  
SANTURCE PR 00915**

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **ORTIZ, LUIS**  
CITY-ST-ZIP **10409 ZACKARY CIRCLE  
TAMPA FL 33569**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **Edwin Rojas**  
CITY-ST-ZIP **4504 MATANZAS TAMPA, FL. 33614**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **DE JESUS, ISABELO**  
CITY-ST-ZIP **1404 E 29TH AVE  
TAMPA FL 33605**

TITLE ☐ Change ☒ Addition  
NAME **EXECUTIVE DIRECTOR**  
STREET ADDRESS **AITA GRACIA GUTIERREZ**  
CITY-ST-ZIP **4297 W. HUMPHREY ST.  
TAMPA, FL. 33614**

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 the address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**AITA GRACIA GUTIERREZ 813-933-4698**

Date

Daytime Phone #

CR2E037 (10/00)

**2-10-2001**