

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90041 018 \*\*\*\*61.25

**DOCUMENT # N99000006271**

1. Entity Name

**IGLESIA CRISTIANA DE LA FAMILIA, MINISTERIO: ROC A FUERTE, INC.**

Principal Place of Business

3920 S. KINGS AVENUE  
 BRANDON FL 33511

Mailing Address

834 TEALWOOD DR.  
 APT. 104  
 BRANDON FL 33510

2. Principal Place of Business

**3104 S. Bryan Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1524**  
 Suite, Apt. #, etc.

City & State

**Brandon FL**

City & State

**Brandon FL**

4. FEI Number

**59-3631804**

Applied For

☐ Not Applicable

Zip

**33511**

Country

**USA**

Zip

**33509**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ACOSTA, JOSE**  
**834 TEALWOOD DRIVE**  
**APARTMENT 104**  
**BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name **Same (Jose Acosta)**

Street Address (P.O. Box Number is Not Acceptable)

**3104 South Bryan Rd**  
 City **Brandon** State **FL** Zip Code **33511**

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	ACOSTA, JOSE	
STREET ADDRESS	834 TEALWOOD DR. APT. 104	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARQUEZ-DELGADO, GERONIMO	
STREET ADDRESS	216 MORNINGSIDE LP.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ACOSTA, MIRIAM	
STREET ADDRESS	834 TEALWOOD DR. APT. 104	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEL RIO, ROLANDO	
STREET ADDRESS	501 RAPID FALLS DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	M	<input type="checkbox"/> Delete
NAME	DEL RIO, MIRIAM	
STREET ADDRESS	501 RAPID FALLS DR.	
CITY-ST-ZIP	BRANDON FL 33511	
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
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
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:

**Jose Acosta** 01/22/02 (813) 571-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT

Doc#: N99 000006271

315834

Same Register  
Agent

Change of Address

← Only

3104 S. Bryan Rd  
Brandon FL 33511

Change of Address

← for:

Jose Acosta

← & Miriam Acosta

3104 S. Bryan Rd  
Brandon FL 33511