

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007178

1. Entity Name

JESUS EL BUEN PASTOR INC.

Principal Place of Business

11900 N NEBRASKA AVE  
STE # 2  
TAMPA FL 33612

Mailing Address

PO BOX 82405  
TAMPA FL 33682

2. Principal Place of Business

7112 N. Florida Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Zip

Country

33604-4834

Zip

Country

4. FEI Number

59-3623597

Applied For

Not Applicable

5. Certificate of Status Desired

7

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINONES, IRIS D  
28525 SEASHELL COURT  
WESLEY CHAPEL  
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

Name

Quinones, Iris D.

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

5532 War Admiral Dr.

City

Wesley Chapel

FL

Zip Code

33544

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 D  
NAME QUINONES, JUAN C ☒ Delete  
STREET ADDRESS 28525 SEASHELL COURT  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE T  
NAME VELEZ, IRIS C ☐ Delete  
STREET ADDRESS 12402 N 15 STREET APT F  
CITY-ST-ZIP TAMPA FL 33612

TITLE T  
NAME QUINONES, IRIS ☒ Delete  
STREET ADDRESS 28525 SEASHELL COURT  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D Quinones, Juan C ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 5532 War Admiral Dr.  
CITY-ST-ZIP Wesley Chapel, FL 33544

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

TITLE T Quinones, Iris ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 5532 War Admiral Dr.  
CITY-ST-ZIP Wesley Chapel, FL 33544

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 another like empowered.

SIGNATURE:

*Signature Required* Quinones

1-09-02 (813) 907-8591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)