

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000000723

Entity Name: UNIVERSITY OF THEOLOGY, PHILOSOPHY AND SCIENCE, INC.**FILED**
Jan 21, 2017
Secretary of State
CC2670619739**Current Principal Place of Business:**912 WICKETRUN DR
PH
BRANDON,, FL 33510-2564**Current Mailing Address:**1814 WEEKS AVENUE
APT.#1
BRONX, NY 10457 US**FEI Number: 46-1016794****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GUTIERREZ, SIMON JR.
2717 SEVILLE BOULEVARD
14207
CLEAR WATER, FL 33764 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR
Name	GUTIERREZ, SIMON SR.
Address	912 WICKETRUN DR
City-State-Zip:	BRANDON FL 33510-2564

Title	DIR.
Name	GUTIERREZ, ELVIS T.
Address	1814 WEEKS AVENUE #1
City-State-Zip:	BRONX NY 10457

Title	2 VP
Name	TORIBIO, ROSMARY G
Address	1525 NORTH WEST #24
City-State-Zip:	MIAMI FL 33142

Title	DIR
Name	SILVERIO, ABRAHAM SR
Address	1345 SOUTH DERN BOULEVARD 2E
City-State-Zip:	BRONX NY 10459

Title	TRES
Name	SILVERIO, ANTONIO SR.
Address	18600 NORTH WEST 87TH AVE
City-State-Zip:	MIAMI FL 33015

Title	SB.S
Name	GUTIERREZ, SIMON JR.
Address	2717 SEVILLE BOULEVARD
City-State-Zip:	MIAMI FL 33764

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIMON GUTIERREZ**PRESIDENT/FOUNDER****01/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date