

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90511 011 ****61.25

DOCUMENT # N00000008544

1. Entity Name

CENTRAL FLORIDA BRAZILIAN-AMERICAN CHAMBER OF COMMERCE, INC.



Principal Place of Business

**797 NORTH ORANGE AVE
ORLANDO FL 32801**

Mailing Address

**797 NORTH ORANGE AVE
ORLANDO FL 32801**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3694145**

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

**ANDERSON, WENDY
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LANDES-GONZALEZ, LINDA	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAYES, KELLY	
STREET ADDRESS	1414 KUHLE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32806-2093	
TITLE	T	<input type="checkbox"/> Delete
NAME	OTOYA, JORGE L	
STREET ADDRESS	1400 W FAIRBANKS AVENUE SUITE 102	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, WENDY	
STREET ADDRESS	200 S ORANGE AVENUE SUITE 2300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODON, GEORGE	
STREET ADDRESS	201 SOUTH ROSALIND AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANTINI, AUZELIO	
STREET ADDRESS	797 NORTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landman-Gonzalez, Linda	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marmurstone, Paula	
STREET ADDRESS	111 North Orange Avenue, mezzanine	
CITY-ST-ZIP	Orlando, FL 32801	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Carlos	
STREET ADDRESS	200 S. orange Avenue, 12th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
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:

SIGNATURE REQUIRED **JORGE L. OTOYA, TREASURER 4/17/03 407-629-1944**

CR2E037 (10/02)

Attachment
Doc # N000000008544

11003790

Box 11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Randolph, Marcie F. 225 E. Robinson Street, #410 Orlando, FL 32801	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Quinn, Thomas "Tommy" J. 1715 Ravenwood Circle, #F Kissimmee, FL 34741	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sresnewsky, Kyril 2606 Clarinet Court Orlando, FL 32837	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baldez, Jose Maria 1315 Landstreet Road Orlando, FL 32824	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition