

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90025 012 ****61.25

DOCUMENT # N09475

1. Entity Name

SOCIEDAD CUBANA DE ORLANDO, INC.

Principal Place of Business

5088 HOFFNER AVE
PO BOX 593281
ORLANDO FL 32859-0281

Mailing Address

5088 HOFFNER AVE
PO BOX 593281
ORLANDO FL 32859-0281

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2612382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CEPERO, ANGEL Z.
6220 S. ORANGE BLOSSOM TRAIL
SUITE 142
ORLANDO FL 32809

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **ORTEGA, SILVIO**
STREET ADDRESS **9702 SUNDERSON ROAD**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☒ Delete
NAME **IGLESIAN, THOMAS**
STREET ADDRESS **2908 FIELDCREST COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☒ Delete
NAME **MARTINEZ, LOURDES**
STREET ADDRESS **11907 NAHANNI CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **SIKES, FERNANDO**
STREET ADDRESS **3339 STONEWOOD CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **AT** ☒ Delete
NAME **PEREZ, EVELIO**
STREET ADDRESS **733 CALIFORNIA WOOD CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **AVP** ☐ Delete
NAME **MAITIR, MIGUEL**
STREET ADDRESS **2005 TAMBORIE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **ANGEL CEPERO**
STREET ADDRESS **9516 QUEENSBURY COURT**
CITY-ST-ZIP **WINDERMERE, FL 34786-8112**

TITLE ☒ Change ☐ Addition
NAME **ELVIRA MARTINEZ**
STREET ADDRESS **2720 S. BROWN STREET**
CITY-ST-ZIP **ORLANDO, FL 32806**

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

TITLE ☒ Change ☐ Addition
NAME **JOSE ALEJO**
STREET ADDRESS **502 DIAL DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32822**

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 all other like empowered.

SIGNATURE:

Scun Hugo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/01 (407) 856-4105

Date

Daytime Phone #

CR2E037 (10/00)