

2000 UNIFORM BUSINESS REPORT (UBR)

1.

FILED
Apr 20, 2000 8:00 am
Secretary of State

01-29-2000 90016 004 ***150.00

DOCUMENT # P98000026567

1. Entity Name

BLANCH V. TORRES, INC.

Principal Place of Business

552 PINESONG DRIVE
 CASSELBERRY FL 32707

Mailing Address

552 PINESONG DRIVE
 CASSELBERRY FL 32707-5446

2. Principal Place of Business,

660 W Fairbank KSAve.

3. Mailing Address

660 W. Fairbank Ave

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite #4

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

59-3544538

Applied For
 Not Applicable

Zip

32789

Country

U.S.A.

Zip

32789

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
 103 N MERIDIAN STREET
 LOWER LEVEL
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Blanch Torres
 Street Address (P.O. Box Number is Not Acceptable):
552 Pinesong Drive
 City: Casselberry FL Zip Code: 32707

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

Blanch Torres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/00
 DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TORRES, BLANCH V	552 PINESONG DRIVE	CASSELBERRY FL 32707	<input type="checkbox"/>
S	TORRES, BIANCA	552 PINESONG DRIVE	CASSELBERRY FL 32707	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	VP Yobba, Ana	429 TERRACE DR	QUIEDO, FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S Sirica, Maria	8424 LOST LAKE DR	Orlando, FL 32817	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Blanch Torres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 (407)
 6292500
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE