

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61304

1. Entity Name

POSADA ENTERPRISES, INC.

Principal Place of Business

1700 MIZELL AVE
WINTER PARK FL 32789
US

Mailing Address

PO BOX 1772
WINTER PARK FL 32790-1772
US

2. Principal Place of Business

1133 Louisiana Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

110

Winter Park, FL

Zip

Country

32789

USA

6. Name and Address of Current Registered Agent

POSADA, CARLOS E
1700 MIZELL AVE
WINTER PARK FL 32789

Address Change

7. Name and Address of New Registered Agent

Name

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

830 Grand Regency Pointe #2-200

City

Altamonte Springs

FL

Zip Code

32714

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

7.24.00

7/24/00

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	PST	☐ Delete
NAME	POSADA, CARLOS E	
STREET ADDRESS	P.O. BOX 1772	
CITY-ST-ZIP	WINTER PARK FL 32790	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90077 001 ***150.00

08-02-2000 90077 002 ***400.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3072944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required