

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90016 050 \*\*\*150.00

**DOCUMENT # 595112**

1. Entity Name

**ORLANDO WOODS ESTATES, INC.**

Principal Place of Business

**2000 S. DIXIE HWY.  
 SUITE 109  
 MIAMI FL 33101**

Mailing Address

**P.O. BOX 011773  
 MIAMI FL 33101-1773  
 US**

010101



DO NOT WRITE IN THIS SPACE

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

**59-2339442**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HUYSMAN, MICHEL  
 2000 SOUTH DIXIE HWY  
 SUITE 109  
 MIAMI FL 33133**

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

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 **V**  Delete  
 NAME **GARCIA AVILA, MANUEL**  
 STREET ADDRESS **2000 S DIXIE HWY #109**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **S**  Delete  
 NAME **HUYSMAN, MICHEL**  
 STREET ADDRESS **2000 S DIXIE HWY #109**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD**  Delete  
 NAME **DE ABREU, MANUEL DA CORTE**  
 STREET ADDRESS **PISO 8 OFICINAAMANSOR**  
 CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **D**  Delete  
 NAME **DE ABREU, JOSE DA SILVA**  
 STREET ADDRESS **PISO 8 OFICINAAMANSOR**  
 CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **P**  Delete  
 NAME **TORRES, EDUARDO**  
 STREET ADDRESS **TORRE LAS DELICIAS 9D**  
 CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **D**  Delete  
 NAME **MARTINEZ, MANUEL HERMINIO**  
 STREET ADDRESS **TORRE LAS DELICIAS 0D**  
 CITY-ST-ZIP **CARACAS VENEZUELA**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 #

*Manuel Garcia Avila*  
**MANUEL GARCIA AVILA**

01/28/00

305-857-9124