

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009900

Entity Name: TRIBE ORLANDO, INC.**Current Principal Place of Business:**10325 STRATFORD POINTE AVE.
ORLANDO, FL 32832**Current Mailing Address:**10325 STRATFORD POINTE AVE.
ORLANDO, FL 32832**FEI Number: 82-2727479****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ, SHAVIER
10325 STRATFORD POINTE AVE.
ORLANDO, FL 32832 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MARTINEZ, SHAVIER
Address	10325 STRATFORD POINTE AVE.
City-State-Zip:	ORLANDO FL 32832

Title	S
Name	DIAZ, ASHLEY
Address	6112 CHAPLEDALE DR.
City-State-Zip:	ORLANDO FL 32829

Title	T
Name	QUEZADA, JOSE
Address	1950 TYSON RD.
City-State-Zip:	ST. CLOUD FL 34771

Title	D
Name	RODRIGUEZ, JOHN
Address	10405 PARK COMMONS DR.
City-State-Zip:	ORLANDO FL 32832

Title	D
Name	DEVILLEGAS, JOSE
Address	13208 SILVER STRAND FALLS DR.
City-State-Zip:	ORLANDO FL 32824

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAVIER MARTINEZ**PRESIDENT****07/06/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date