

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H59479

1. Entity Name

PALMAS, INC.

Principal Place of Business

MEXICAN PAVILION-EPCOT CENTER
P.O. BOX 22136
LAKE BUENA VISTA FL 32830

Mailing Address

MEXICAN PAVILION-EPCOT CENTER
P.O. BOX 22136
LAKE BUENA VISTA FL 32830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2615010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBLER, RICHARD D.
MEXICAN PAVILION-EPCOT CENTER
LAKE BUENA VISTA FL 32830

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	DEBLER, RICHARD D.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	SD	☐ Delete
NAME	VILLEGAS, MANUEL Y.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	D	☒ Delete
NAME	DEBLER, RICHARD C.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	D	☐ Delete
NAME	GAMBA, ALBERTO	
STREET ADDRESS	#50 (C/O DIEGO RIVERA)	
CITY-ST-ZIP	01060 MEXICO, D.F.	
TITLE	D	☒ Delete
NAME	HIATT, RANDALL	
STREET ADDRESS	24 MORNING GLORY	
CITY-ST-ZIP	IRVINE CA	
TITLE	T	☐ Delete
NAME	CALVET, OLGA M	
STREET ADDRESS	1367 CAMPBELL ST	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	☐ Change ☐ Addition
NAME	Debler, Patricia	
STREET ADDRESS	Mexican Pavilion Epcot	
CITY-ST-ZIP	Lake Buena Vista, FL	
TITLE	D	☐ Change ☐ Addition
NAME	Calvet, Cesar	
STREET ADDRESS	1367 Campbell Street	
CITY-ST-ZIP	Orlando, FL	
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

4-23-2001

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)