

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98334

1. Entity Name

NUESTRO REALTY COMPANY

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90900 039 \*\*\*150.00

Principal Place of Business

Mailing Address

11201 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32837

11201 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32837-9208

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 59-2915682

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

GONZALEZ, ANGEL L  
12052 FAMBRIDGE RD  
ORLANDO FL 32837

Name Gonzalez, Angel L.  
Street Address (P.O. Box Number is Not Acceptable)  
9108 Windjammer  
Orlando FL 32819  
City Orlando State 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME GONZALEZ, ANGEL L  
STREET ADDRESS 9108 WINDJAMMER  
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE ST ☐ Delete  
NAME MILAGROS, IBARRA  
STREET ADDRESS 1231 N.W. 193 AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(l), 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: Angel L Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)