

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
 03-06-2002 90136 002 ****70.00

DOCUMENT # N00000003966

1. Entity Name

FESTIVAL TAINO, INC.

Principal Place of Business

**12829 BELROSE AVENUE
 ORLANDO FL 32837**

Mailing Address

**12829 BELROSE AVENUE
 ORLANDO FL 32837**

2. Principal Place of Business

12529 Belrose Ave

Suite, Apt. #, etc.

3. Mailing Address

12529 Belrose Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL 32837

Zip

32837

Country

City & State

Orlando Florida

Zip

32837

Country

4. FEI Number

59-3408710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COSME, RAPHAEL
 12529 BELROSE AVENUE
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

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

DEPARTMENT OF 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **COSME, RAHAEL**
 STREET ADDRESS **12529 BELROSE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **DV** ☐ Delete
 NAME **CASANOVA, DORA**
 STREET ADDRESS **685 S CR 727**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **DV** ☐ Delete
 NAME **GONZALEZ, JUSTINA**
 STREET ADDRESS **P.O. BOX 160135**
 CITY-ST-ZIP **ORLANDO FL 32816**

TITLE **SD** ☐ Delete
 NAME **MEDINA, PERLA**
 STREET ADDRESS **12523 BELROSE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/02 407 8883220

Date

Daytime Phone #

CR2E037 (9/01)