

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90231 006 \*\*\*\*61.25

**DOCUMENT # N01000005058**

1. Entity Name

**COLOMBIAN AMERICAN CIVIC COUNCIL, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 452002  
 KISSIMMEE FL 34745-2002

P.O. BOX 452002  
 KISSIMMEE FL 34745-2002

2. Principal Place of Business

**5448 HOFFNER AVENUE**

3. Mailing Address

**P.O. BOX 720614**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 206**

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

Country

**32812-2513 USA**

Zip

Country

**32872-0614 USA**

4. FEI Number

**59-3466399**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SILVA, EDGAR H**  
**2407 QUEENSWOOD CIRCLE**  
**KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name

**GLORIA DRESSER**

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

**4813 LORETTA LANE**

City

**ORLANDO,**

**FL**

Zip Code

**32821**

8. The above entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Gloria Dresser*

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	<input checked="" type="checkbox"/> Delete
NAME	SILVA, EDGAR H	
STREET ADDRESS	2409 QUEENSWOOD COURT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, ORLANDO	
STREET ADDRESS	7864 ELMSTONE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, JOSE P	
STREET ADDRESS	552 CREEKWOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PACHECO, YAMILETTE	
STREET ADDRESS	1831 S. SEMORAN BLVD., APT. D	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	F	<input checked="" type="checkbox"/> Delete
NAME	SANTOS, LICIRIA	
STREET ADDRESS	1716 BRANCH WATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SS	<input checked="" type="checkbox"/> Delete
NAME	PINETTA, GLORIA A	
STREET ADDRESS	2341 ECOM. CIRCLE, APT. 313	
CITY-ST-ZIP	ORLANDO FL 32822	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRESSER, GLORIA	
STREET ADDRESS	4813 LORETTA LANE	
CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDONA, VICTOR H.	
STREET ADDRESS	13215 SPRING HAVEN CT	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIN, MARIO	
STREET ADDRESS	5918 BENT PINE DR. APT# 117	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARBEDAEZ, EABIO	
STREET ADDRESS	4717 ARROW RD.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	F	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRALDO, PHANOR	
STREET ADDRESS	5570 SANIBELL ST	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	SS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, MARIO	
STREET ADDRESS	1837 WING FIELD DR.	
CITY-ST-ZIP	LONGWOOD, FL 32779	

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

*Gloria Dresser* 407-2480949

Date

Daytime Phone #