

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007723

FILED  
Apr 09, 2003  
Secretary of State

Entity Name: CASA DE ALABANZA TORRE DE DAVID, INC.

## Current Principal Place of Business:

262 E. ORANGE ST.  
GROVELAND, FL 34736 US

## New Principal Place of Business:

1810 SOUTH HIGHWAY #27  
MEETING ROOM  
CLERMONT, FL 34711 US

## Current Mailing Address:

PO BOX 246  
GROVELAND, FL 34736 US

## New Mailing Address:

PO BOX 120696  
CLERMONT, FL 34712 US

FEI Number: 59-3756364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SANTIAGO, RAMON L  
3351 ERSKINE DRIVE  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SANTIAGO, RAMON L  
Address: 3351 ERSKINE DRIVE  
City-St-Zip: ORLANDO, FL 32825 US

Title: VTD ( ) Delete  
Name: SANTIAGO, DARLENE  
Address: 3351 ERSKINE DRIVE  
City-St-Zip: ORLANDO, FL 32825 US

Title: SD ( ) Delete  
Name: GARCIA, MARIA E  
Address: 209B RIDGE CREST LOOP  
City-St-Zip: CLERMONT, FL 34711 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: GARCIA, MARIA E  
Address: 110 ALEXANDRIA AVE.  
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DARLENE SANTIAGO

VTD

04/09/2003

Electronic Signature of Signing Officer or Director

Date