

FILED
May 01, 2002 8:00 am
Secretary of State

03-28-2002 90035 013 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008523

1. Entity Name

SOCIEDAD VENEZOLANA DE ORLANDO, INC. SOVENOR

Principal Place of Business

473 CITRUS LN
MAITLAND FL 32751

Mailing Address

473 CITRUS LN
MAITLAND FL 32751

26314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MUCARZEL, LOURDES
4657 CITRUS LN
MAITLAND FL 32751

4557 RIVERTON DR
ORLANDO FL 32817

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME DAMAS, RAFAEL
STREET ADDRESS 473 CITRUS LN
CITY-ST-ZIP MAITLAND FL 32751 Delete

TITLE
NAME ROMAN, LAURA R
STREET ADDRESS 317 SHADOW OAKS DR
CITY-ST-ZIP CASSELBERRY FL 32707 Delete

TITLE
NAME MUCARZEL, JAVIER
STREET ADDRESS 4557 RIVERTON DR
CITY-ST-ZIP ORLANDO FL 32817 Delete

TITLE
NAME SANTELIZ, KATIUSKA
STREET ADDRESS 13402 GLACIER NATIONAL DR
CITY-ST-ZIP ORLANDO FL 32837 Delete

TITLE
NAME MUCARZEL, LOURDES
STREET ADDRESS 4557 RIVERTON DR
CITY-ST-ZIP ORLANDO FL 32817 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-02 (407)6812952

Date

Daytime Phone #

CR2E037 (9/01)