

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90803 026 ****75.00

DOCUMENT # N17519

1. Entity Name
CASA DE ESPANA DE LA FLORIDA CENTRAL, INC.

Principal Place of Business Mailing Address
~~P.O. BOX 570132~~ ~~PO BOX 570132~~
ORLANDO FL 32857-0148 **ORLANDO FL 32857-0132**
4922. S ORANGE AVE **US 4922. S ORANGE AVE**
ORLANDO FL 32806 **ORLANDO FL 32806**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2699834** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~EWEN, MARIA~~
~~5206 FORZLEY ST~~
~~ORLANDO FL 32812~~
ERNESTO ROMANO
4922. S ORANGE AVE
ORLANDO FL 32806

7. Name and Address of New Registered Agent
 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: DATE: **4-27-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	KRISTMAN, MARY
STREET ADDRESS	3020 TALL TIMBERS DR
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	CRONPEY, MARIA
STREET ADDRESS	1220 CAPER ST
CITY-ST-ZIP	ORLANDO FL 32802
TITLE	T <input type="checkbox"/> Delete
NAME	CANO, DONATO
STREET ADDRESS	1114 SUMER LAKE LANE
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	S <input type="checkbox"/> Delete
NAME	Gomez, Miguel
STREET ADDRESS	ROMEZ, MIGUEL
CITY-ST-ZIP	2314 DRIFTWOOD DRIVE FERN PARK FL
TITLE	D <input type="checkbox"/> Delete
NAME	ROMANO, ERNESTO
STREET ADDRESS	2719 FRETAGREEN COURT 4922. S ORANGE AVE
CITY-ST-ZIP	ORLANDO FL 32835 32806
TITLE	PRD <input checked="" type="checkbox"/> Delete
NAME	EWEN, MARIA T.
STREET ADDRESS	5206 FORZLEY ST
CITY-ST-ZIP	ORLANDO FL 32812

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODRICH MARIA
STREET ADDRESS	1220 CAPER ST
CITY-ST-ZIP	ORLANDO FL 32802
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA VAUDVIER
STREET ADDRESS	430 HARBOR POINT BL
CITY-ST-ZIP	ORLANDO FL 32835

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** **4-27-00**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)