

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90009 045 ****70.00

U0067179

DO NOT WRITE IN THIS SPACE

DOCUMENT # **45868**
 1. Entity Name
DESFILE PUERTORRIGUENO DELA
FLORIDA CENTRAL

Principal Place of Business
1232 SOPHIE BLVD
ORLANDO FL 32828

Mailing Address
P.O. BOX 5372
WINTER PARK FL
32793

2. Principal Place of Business
1232 SOPHIE BLVD
 Suite, Apt. #, etc.

3. Mailing Address
Desfile Puertorriqueno
 Suite, Apt. #, etc.
P.O. BOX 5372

City & State
ORLANDO

City & State
WINTER PARK

4. FEI Number
59-34-74580


5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **32828** Country **FL** Zip **32793** Country **Florida**

6. Name and Address of Current Registered Agent
MILDRED ZAPATA
1232 SOPHIE BLVD
ORLANDO FL 32828

7. Name and Address of New Registered Agent
 Name **MILDRED ZAPATA**
 Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 5372
WINTER PARK FL
 City **FL** Zip Code **32793**

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 **5/00**

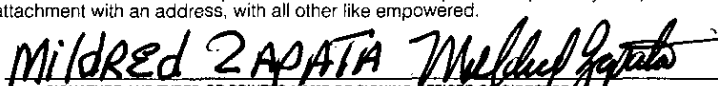
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete | same | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | D PRESIDENT D |
| NAME | | NAME | MILDRED ZAPATA D |
| STREET ADDRESS | | STREET ADDRESS | 1232 SOPHIE BLVD |
| CITY-ST-ZIP | | CITY-ST-ZIP | ORLANDO FL 32828 |
| TITLE <input type="checkbox"/> Delete | SAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | D |
| NAME | | NAME | JUAN DIAZ NAME |
| STREET ADDRESS | | STREET ADDRESS | VICE PRESIDENT |
| CITY-ST-ZIP | | CITY-ST-ZIP | 10 CORN WALL |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | D |
| NAME | | NAME | SECRETARY |
| STREET ADDRESS | | STREET ADDRESS | MARIA ISABEL CARMONA |
| CITY-ST-ZIP | | CITY-ST-ZIP | 704 DAK MANOR |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | D |
| NAME | | NAME | ORLANDO FL 32825 |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:  DATE **MAY 23/00** (407) **377 4488**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 2-37 (9/99)