

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

0003839

DOCUMENT # N45868

1. Entity Name

DESFILE PUERTORRIQUENO DE LA FLORIDA CENTRAL, IN

Principal Place of Business

1232 SOPHIE BLVD
 ORLANDO FL 32828
 US

Mailing Address

PO BOX 5372
 WINTER PARK FL 32793
 US

(CR)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1232 Sophie Blvd
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 5372
 Suite, Apt. #, etc.
WINTER PARK
 City & State

City & State

Orlando FL

City & State

Florida

4. FEI Number

59-3095539

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAPATA, MILDRED
~~PO BOX 5372~~
~~WINTER PARK FL 32783~~

1232 Sophie Blvd
Orlando FL 32828

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

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

After September 12, 2001, min. will be \$236.25

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	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, JUAN	
STREET ADDRESS	10 CONWALK CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZAPATA, MILDRED J.	
STREET ADDRESS	234 MASTER BLVD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARGARITA	
STREET ADDRESS	3426 EIRYLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE: Mildred Zapata

7/16/01

CR2E037 (5/01)