

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90012 041 \*\*\*\*61.25

**DOCUMENT # N49150**

1. Entity Name

**BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O PEDRO GONZALES, MD  
 461 WEST OAK ST., STE. D  
 KISSIMMEE FL 34741

C/O PEDRO GONZALES, MD  
 461 WEST OAK ST., STE. D  
 KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3128025**

Applied For

Not Applicable

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

**GONZALES-HOYES, MARIA L**  
**1830 KINGS HIGHWAY**  
**KISSIMMEE FL 34743**

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	D	<input type="checkbox"/> Delete
NAME	DE MESA, MENANDRO M	
STREET ADDRESS	428 BALL CT.	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALES, PEDRO	
STREET ADDRESS	461 W. OAK ST., STE D	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASPIRAS, VICKY D	
STREET ADDRESS	5541 BELLEWOOD ST	
CITY-ST-ZIP	ORLANDO FL 32813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARBAS, ROMILO A	
STREET ADDRESS	600 THACHER AVE STE 810	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZABA, JUN	
STREET ADDRESS	4559 KARWICCA CREST PL	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GENZOLES, ROSENOD	
STREET ADDRESS	841 EAST OAK	
CITY-ST-ZIP	KISSIMMEE FL 34744	

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		
TITLE	PAT ASPIRAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3767 LA ALAMEDA AVE	
STREET ADDRESS	KISSIMMEE, FL 34746	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ZENAIOR D. DE MESA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	428 BALL CT.	
STREET ADDRESS	KISSIMMEE, FL 34759	
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/02

Date

Daytime Phone #

CR2E037 (9/01)