

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90022 024 \*\*\*\*61.25

**DOCUMENT # N49790**

1. Entity Name

**ASOCIACION ARGENTINA DE FLORIDA CENTRAL, INC.**

Principal Place of Business

Mailing Address

**338 TURKEY RUN  
 WINTER PARK FL 32789**

**P.O. BOX 1149  
 GOLDENROD FL 32733-1149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3132916**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOERO, CARLOS  
 439 BONIFAY AV  
 ORLANDO FL 32825**

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  Delete  
 NAME **PD GIBSON, HAYDEE**  
 STREET ADDRESS **3314 SANDY SHORE LN**  
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE  Change  Addition  
 NAME **VD CERCHIARA, JORGE A.**  
 STREET ADDRESS **2806 VIRGINIA DRIVE**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32803**

TITLE  Delete  
 NAME **VD MATILDE, MEL**  
 STREET ADDRESS **8000 KRYSTAL LYNN CT**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE  Change  Addition  
 NAME **PD MEL, MATILDE**  
 STREET ADDRESS **8000 KRYSTAL LYNN CT**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32822**

TITLE  Delete  
 NAME **DD PINTER JULIO, SANTA**  
 STREET ADDRESS **1103 BALFOUR DRIVE**  
 CITY-ST-ZIP **DELTONA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD BOERO, CARLOS**  
 STREET ADDRESS **439 BONIFAY AV**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*MATILDE T. MEL* **MATILDE T. MEL** 1-25-2000 407 50207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)