


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90453 043 \*\*\*\*75.00

**DOCUMENT # N49790**  
1. Entity Name  
**ASOCIACION ARGENTINA DE FLORIDA CENTRAL, INC.**



Principal Place of Business  
**5460 HOFFNER ROAD  
SUITE 406  
ORLANDO FL 32812**

Mailing Address  
**5460 HOFFNER ROAD  
SUITE 406  
ORLANDO FL 32812**

2. Principal Place of Business  
**5460 HOFFNER RD**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**# 406**

Suite, Apt. #, etc.  
**# 406**

City & State  
**ORLANDO**

City & State  
**FLORIDA**

Zip  
**32822**

Country  
**SP. SA.**

Zip  
**32822**

Country  
**FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3132916** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**VILLOSO, MIGUEL  
5725 GATLIN AVE  
APT 312  
ORLANDO FL 32822**

7. Name and Address of New Registered Agent  
Name **MIGUEL VILLOSO**  
Street Address (P.O. Box Number is Not Acceptable)  
**5827 RED DAHLIA CT**  
**ORLANDO**  
City  
**FL** Zip Code  
**32807**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Miguel Villosio* (NOTE: Registered Agent signature required when reinstating) DATE **02-26-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MATILDE, MEL 8000 KRYSTA LYNN COURT ORLANDO FL 32822</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD VILLOSO, MIGUEL 5725 GATLIN AVENUE ORLANDO FL 32822</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CORTESE, ALDO 3783 NORTH COUNTY ROAD 426 GENEVA FL 32732</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD CORTESE ALDO 3783 NORTH COUNTY RD 426 GENEVA FL 32732</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD VILLOSO MIGUEL 5827 RED DAHLIA CT ORLANDO FL 32807-3275</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MATILDE T. MEL 8000 KRISTA LYNN CT ORLANDO FL 32822</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Miguel Villosio* **SIGNATURE REQUIRED** 2/26/03 407-349-9011

CR2E037 (10/02)