DOCUMENT # N92000000415

1. Entity Name

PORTUGUESE AMERICAN CLUB OF ORLANDO, INC.

2.

FILED
May 17, 2000 8:00 am
Secretary of State
02-01-2000 90100 040 ****70.00

Principal Place of Business	Mailing Address
P A C O 12100 W COLONIAL DR WINTER GARDEN FL 34787-4141 US	PACO 12100 W COLONIAL DR WINTER GARDEN FL 34787-4141 US

DO NOT WRITE IN THIS SPACE

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 59-3163124 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOUSA, MANUEL
19242 MOORGATE ST
ORLANDO FL 32933

7. Name and Address of New Registered Agent

Name VICTOR DUARTE
Street Address (P.O. Box Number is Not Acceptable) 815 RIVERBEND BLVD
City LONGWOOD FL Zip Code 32779

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 _____ 3/21/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOUSA, MANUEL 18242 MOORGATE ST ORLANDO FL 32833	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENTE VICTOR DUARTE 815 RIVERBEND BLVD LONGWOOD FL 32779	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANTOS, RAMIRO 1456 SPRING RIDGE DR WINTER GARDEN FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. LUCIANO A. LOPES 12506 SULLIVAN RD CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NEVES, CARLOS 12010 SAFFRON CT ORLANDO FL 32837	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CECILIA MADDOX 1115 N. JOHN ST ORLANDO, FL. 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FERREIRA, ADELAIDE 2109 CLUSTER BRANCH CT. LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lucilia Alves 12440 Sullivan Rd. Clermont, Fl. 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOS SANTOS, LUIS 5107 SCARSDALE LANE ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manuel Soares 1075 Swanson DR DELTONA, FL 32738	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lidia M Marques 438 12 RIVEY S.T	☐ Change ☐ 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: VICTOR DUARTE PRESIDENTE 1/24/00 407-359-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #