

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000415

1. Entity Name

PORTUGUESE AMERICAN CLUB OF ORLANDO, INC.

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

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

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LOPES, JOE
1520 OBERLIN TERRACE
LAKE MARY FL 32746

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 PD
NAME LOPES (LOE) JOE
STREET ADDRESS 1520 OBERLIN TR
CITY-ST-ZIP LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD VP
NAME GODINHO, MANUEL
STREET ADDRESS 130 LONGWOOD HILLS RD
CITY-ST-ZIP LONGWOOD FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MENDES, RONALD
STREET ADDRESS 5235 HARKLEY RUNWAY
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE V.P.
NAME DE ALMEIDA, ANIBALE
STREET ADDRESS 1321 PINE SAP CT.
CITY-ST-ZIP ORLANDO, FL 32825

TITLE TD
NAME LOPES, MARIA
STREET ADDRESS 1520 OBERLIN TER
CITY-ST-ZIP LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ROMAO, IDALIA
STREET ADDRESS 957 EARLY AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME FERREIRA, ADELAIDA
STREET ADDRESS 2109 CLUSTER BRANCH CT
CITY-ST-ZIP LONGWOOD FL 32750

TITLE SECRETARY
NAME RITA Goncalves
STREET ADDRESS 1205 Falcon Creek Blvd
CITY-ST-ZIP Apopka, FL 32712

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-03-2002 90066 047 ****70.00

20930



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)