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

08-04-2003 90155 023 **61.25
N92000000415
03 AUG -7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000415

1. Entity Name
PORTUGUESE AMERICAN CLUB OF ORLANDO

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2. Principal Place of Business	3. Mailing Address
12100 WEST COLONIAL DR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN	City & State: FLORIDA
Zip: 34787 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593163124 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: IDALIA ROMÃO

Street Address (P.O. Box Number is Not Acceptable): 957 EARLY AV

City: WINTER PARK FL Zip Code: 32789

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: Idalia Romão 8-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	TREASURER
NAME	ANA MARIA GASPAR
STREET ADDRESS	19567 LANSDOWNE ST
CITY-ST-ZIP	ORLANDO FL 32833
TITLE	VICE PRESIDENT
NAME	ANTONIO GASPAR
STREET ADDRESS	19567 LANSDOWNE ST.
CITY-ST-ZIP	ORLANDO FL 32833
TITLE	SECRETARY
NAME	FATIMA C. PONTE
STREET ADDRESS	2725 ORANGE AV.
CITY-ST-ZIP	YALAHA FL 34797
TITLE	VICE PRESIDENT
NAME	MANUEL SALVADOR
STREET ADDRESS	297 SECRET WAY
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	SECRETARY
NAME	JOSE F. VITAL
STREET ADDRESS	993 CROSS CUT WAY
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	PRESIDENT
NAME	IDALIA ROMÃO
STREET ADDRESS	957 EARLY AV.
CITY-ST-ZIP	WINTER PARK FL. 32789

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO GASPAR 8-1-03 407-8328813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #