

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001327

1. Entity Name

PROGRAMA EDUCACIONAL DE TUTORIA, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90035 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1561 N. CHICKASAW TRAIL  
ORLANDO FL 32823  
US

P.O. BOX 677969  
ORLANDO FL 32867-7969  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3232125

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PIMENTEL, HUBERTO  
1561 N. CHICKASAW TRAIL  
ORLANDO FL 32823

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 PD ☐ Delete  
NAME SANCHEZ, MARCIANO  
STREET ADDRESS 4601 TIFFANY WOODS CIRCLE  
CITY-ST-ZIP OVIEDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME PEREZ, HILDA  
STREET ADDRESS 1126 PHEASANT CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LOMONACO, SARA  
STREET ADDRESS 9249 SPRING VALE DR  
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ADORNO, CARMEN  
STREET ADDRESS 2013 TROPIC BAY COURT  
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CASTANO, JOSE L.  
STREET ADDRESS 7902 VIRGINIA PINE CT  
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME DIXON, TRACEY  
STREET ADDRESS 4212 SHORE CREST DR  
CITY-ST-ZIP ORLANDO FL 32804

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)