

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002219

1. Entity Name

BALLET FOLKLORICO ISTMENO - RECUERDOS DE MI PANA

Principal Place of Business

2421 BONNEVILLE DR
ORLANDO FL 32826

Mailing Address

2421 BONNEVILLE DR
ORLANDO FL 32826-3311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

13109 Odyssey Lake Way

Orlando FL

32826

6. Name and Address of Current Registered Agent

CUMMINGS, JOSETA R
2421 BONNEVILLE DR
ORLANDO FL 32826

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARVAJAL, ARAMIS	
STREET ADDRESS	818 APT. H	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, JOSEFA R	
STREET ADDRESS	2421 BONNEVILLE DR	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CABRERA, SYBILA	
STREET ADDRESS	818 APT H	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALVORDAO, YARIRETH	
STREET ADDRESS	931 HOLLO WELL CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVARDIG, RAMON	
STREET ADDRESS	10321 CRYSTAL POINT DR.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Armien, Sully	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10341 Rocking A Run	
STREET ADDRESS	Orlando, FL 32825	
CITY-ST-ZIP		
TITLE	Armien, Rolando	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3718 Valencia Grove Lane	
STREET ADDRESS	Orlando, FL 32817	
CITY-ST-ZIP		
TITLE	Alvarado, Yarineth	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13109 Odyssey Lake Way	
STREET ADDRESS	Orlando, FL 32826	
CITY-ST-ZIP		
TITLE	Olivardia, Ramon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required
Signature and Typed or Printed Name of Signing Officer or Director: *Armenis Carvajal* Date: *04/21/00*

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90372 012 ****61.25

180004303



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3305943 Applied For Not Applicable

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

CR2E037 (9/99)