2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500002219  1. Entity Name  BALLET FOLKLORICO ISTMENO - RECUERDOS DE MI PANA							Jun 14, 2001 8:00 am Secretary of State 06-14-2001 90011 018 ****70.00			
Principal Place of Business  2421 BONNEVILLE DR ORLANDO FL 32826			Mailing Address 2421 BONNEVILLE DR ORLANDO FL 32826			A0073134				
2. Principal Place of Business  1034/ Bocking & Run  Suite, Apt. #, etc.  Or lando, F/			3. Mailing Address Rocking A Run Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State  Zip Country			City & State F			4. FEI Numbe	59-3305943 of Status Desired	<u> </u>	pplied For ot Applicable ditional	
3282		4.5.4.	32825	·				Fee Require		
6. Name and Address of Current Registered Agent  Name						7. Name and Address of New Registered Agent				
		_				ess (P.O. Box Number is Not Acceptable)				
CUMMINGS, JOSETA R 2421 BONNEVILLE DR			<i>f</i>	Street	Address (F	2.O. Box Numbe	r is Not Acceptable)			
ORLANDO FL 32826				103	341	'Kock,	ng A Kur			
!				City	Or h	nda	1	Zip Cod	33825	
8. The above	named entit	y submits this statement for	the purpose of changing its re	egistered office o	r register	ed agent, or both	, in the state of Florida.		<u> </u>	
SIGNATURE	Signature, typed	or printed name of redistered agent a	and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)	<b>Ø</b>	6 /06/0	<u>/</u>	
FILE NOW: FEE IS \$61.25						Make Check Payable to d to Fees Department of State				
10.	100	OFFICERS AND DIR		11.	A	DDITIONS/CHA	NGES TO OFFICERS AND			
NAME STREET ADDRESS GITY-ST-ZIP	818 APT.	IL, ARAMIS H VTE SPRINGS FL 32714	☐ Delete	NAME STREET ADORESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMIN 2421 BO	GS, JOSEFA R NNEVILLE DR D FL 32826	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3416	ando 3 Valence ando, Fl	Armien Lia grove Ln. 32817	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	818 APT ALTAMOI	A, SIBYLA H NTE SPRINGS FL 32714	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3718	ando h g Valene indo, F	imien Ln 19 grove Ln 132814	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	931 HOL	AO, YARIRETH LO WELL CT D FL 32825	18 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 5 1034 01 la		rmien ing A Ron	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10321 CF	g, ramon Rystal Point Dr. D Fl 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP				☐ 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:

Other formation 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 as indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation of the corporatio