

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 06, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000003744**1. Entity Name  
AMANDO A SU PUEBLO ISRAEL, INC.Principal Place of Business  
1044 JAMAJO  
ORLANDO FL  
Mailing Address  
8703 GRANDEE DR  
ORLANDO FL  
328292. Principal Place of Business  
3788 REDDITT ROAD  
Suite, Apt. #, etc.City & State  
ORLANDO FLZip  
32829  
Country  
US4. FEI Number  
**59-3424298**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PAVLIK DAVID G  
8703 GRANDEE DR  
ORLANDO FL  
32829 US**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 \_\_\_\_\_ **02/06/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	D	<input type="checkbox"/> Delete
NAME	PAVLIK DAVID D	
STREET ADDRESS	8105 STRADA	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAVLIK NATALIE	
STREET ADDRESS	8703 GRANDEE DR	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAVLIK DAVID G	
STREET ADDRESS	8703 GRANDEE DR	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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)(f), 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:** David G. Pavlik Dir **02/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)