

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90947 044 \*\*\*\*61.25

**DOCUMENT # N95000004058**

1. Entity Name

**FESTIVAL DE LA HERENCIA Y CULTURA PUERTORRIQUENA,**

Principal Place of Business

5027 SPRING RUN AVE  
 ORLANDO FL 32819-3334  
 US

Mailing Address

P O BOX 15  
 ORLANDO FL 32802-0015  
 US

00033337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3402663

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

CASTELEIRG, GLADYS  
 5027 SPRING RUN AVE  
 ORLANDO FL 32819-3334

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 **VD** ☒ Delete  
 NAME **SANTIAGO, CARMEN**  
 STREET ADDRESS **672 N SAMORAN BLVD STE 204**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☒ Addition  
 NAME **Daniel Ramos**  
 STREET ADDRESS **445 Douglas Ave, Ste. 2005-8**  
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **TD** ☒ Delete  
 NAME **LEDSMA, RENALDO**  
 STREET ADDRESS **1315 SASSAFRAS AVE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☒ Addition  
 NAME **Francisco Pagan**  
 STREET ADDRESS **4005 Orange Ave**  
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **VD** ☒ Delete  
 NAME **LOPEZ, MAGIN**  
 STREET ADDRESS **1166 MAPIMI COURT**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☒ Addition  
 NAME **Peter Morales**  
 STREET ADDRESS **4005 Orange Ave**  
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **PD** ☐ Delete  
 NAME **CASTELEIRO, GLADYS**  
 STREET ADDRESS **5027 SPRING RUN AVE**  
 CITY-ST-ZIP **ORLANDO FL 32819-3334**

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

TITLE **SD** ☒ Delete  
 NAME **BISGNANO, DONNA**  
 STREET ADDRESS **1085 S. HIAWASSEE RD., APT 522**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☒ Addition  
 NAME **Nancy Acevedo**  
 STREET ADDRESS **1103 Winter Springs Blvd.**  
 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **VD** ☒ Delete  
 NAME **SANTOS, NELLY**  
 STREET ADDRESS **2731 WOODRUFF DR**  
 CITY-ST-ZIP **ORLANDO FL 32837**

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: *Gladys Casteleiro*

Date **5-27-00** (407) 295-9235