2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N95000005781 PABELLON DE LA VICTORIA DE ORLANDO, INC. Pri 124 ORI

FILED May 04, 2000 8:00 am Secretary of State 05-04-2000 90025 006 ****61.25

US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3357046 Zip Country Zip Country 5. Certificate of Status Desired \$8.7	Applied For Not Applicable
ORLANDO FL 32837 US 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State Country S. Certificate of Status Desired Sa.7	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State City & State Country Zip Country S Certificate of Status Desired \$8.7	Applied For Not Applicable
Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State City & State Country Zip Country Country 5 Certificate of Status Desired \$8.7	Applied For Not Applicable
City & State City & State 4. FEI Number 59-3357046 Zip Country Zip Country 5 Certificate of Status Desired \$8.7	Applied For Not Applicable
Zip Country Zip Country 5-3357046 Solution Country 5 Certificate of Status Desired 5-38.7	Not Applicable
Foo R	5 Additional lequired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	equired
Name Pérez, Lubén	
PEREZ, RUBEN Street Address (P.O. Box Number is Not Acceptable)	
COON KADA COLIDT	
ORLANDO FL 32819 502 Long Meadow St.	n Code
Celebration FL 2	34747
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.	
(1.20)	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	·
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payat	ble to
FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of S	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	OPS IN 10
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE DVP Delete TITLE C	
NAME ORTIZ, RAFAEL A	· -
STREET ADDRESS 12601 GETTYBURG CIR STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP	- Addition
TITLE DS Delete TITLE CI	hange
STREET ADDRESS 11900 HATCHER CIR STREET ADDRESS	,
CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP	
TITLE DP Delete - TITLE - DP XICI	hange -
NAME PEREZ, RUBEN STREET ADDRESS FROM KARA CT STREET ADDRESS 502 Long Meddow St.	
NAME PEREZ, RUBEN STREET ADDRESS CITY-ST-ZIP ORLANDO FL Delete NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL Delete NAME STREET ADDRESS CITY-ST-ZIP Celebration FL 34747	}
TITLE DT Delete TITLE C	hange
NAME CASTRO, MIGUEL NAME	}
STREET ADDRESS 1924 SUNNY ST STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP	hange
TITLE Delete TITLE S CI	narige Addition
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE C	hange
NAME NAME OTHER ADDRESS	
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 indicated on this report or supplemental report is true and ecourate and that my signature shall have the same legal offect as if made under oath; that I am and	at the information

12. indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver extractee 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 accress, with all other like empowered.

SEAWORE REQUIRED

4-24-00

(407)240-2636