

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005781

1. Entity Name

PABELLON DE LA VICTORIA DE ORLANDO, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90013 017 ****61.25

Principal Place of Business

12400 URACUS ST
ORLANDO FL 32837
US

Mailing Address

12400 URACUS ST
ORLANDO FL 32837
US

2. Principal Place of Business

12355 S. John Young Pkwy.
Suite, Apt. #, etc.

3. Mailing Address

12355 S. John Young Pkwy.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

Zip
32837

Country
USA

City & State
Orlando, FL

Zip
32837

Country
USA

4. FEI Number

59-3357046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RUBEN
502 LONG MEADOW STREET
CELEBRATION FL 34747

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	DVP	☐ Delete
NAME	ORTIZ, RAFAEL A	
STREET ADDRESS	12601 GETTYBURG CIR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DS	☐ Delete
NAME	MOTTA, WANDA	
STREET ADDRESS	11900 HATCHER CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	☐ Delete
NAME	PEREZ, RUBEN	
STREET ADDRESS	502 LONG MEADOW STREET	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	DT	☒ Delete
NAME	CASTRO, MIGUEL	
STREET ADDRESS	1924 SUNNY ST	
CITY-ST-ZIP	KISSIMEE FL 34741	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 is 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: X *Rubén Pérez* 5-24-01 (407) 240-2636

CR2E037 (10/00)