

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002216

1. Entity Name

LAS AMERICAS MUSEUM OF ART, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90234 041 \*\*\*\*70.00

Principal Place of Business

Mailing Address

12529 BELROSE AVE  
ORLANDO FL 32737

12529 BELROSE AVE  
ORLANDO FL 32837-8565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3408710

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

COSME, RAFAEL A  
12529 BELROSE AVE  
ORLANDO FL 32837

## 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	PD	<input type="checkbox"/> Delete
NAME	COSME, RAFAEL A	
STREET ADDRESS	12529 BELROSE AVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASANOVA DE TORO, DORA	
STREET ADDRESS	685 S CR 427	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSME, PERLA	
STREET ADDRESS	PO BOX 770781	
CITY-ST-ZIP	ORLANDO FL 32877	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SANTOS, JUAN P	
STREET ADDRESS	3316 MONTCLAIR RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARNOULD, JACK	
STREET ADDRESS	8321 CROSSWICK DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Justina Gonzalez-Marti	
STREET ADDRESS	1023 Rivecon Avenue	
CITY-ST-ZIP	Orlando, FL 32825	
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		
CITY-ST-ZIP		
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		
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/25/00

CF12E037 (9/99)