

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006454

1. Entity Name

CASA DE MEXICO DE LA FLORIDA CENTRAL, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90153 041 ****61.25

Principal Place of Business

Mailing Address

400 SOUTH ORANGE AVENUE
9TH FLOOR
ORLANDO FL 32801

400 SOUTH ORANGE AVENUE
9TH FLOOR
ORLANDO FL 32801-3317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3428138

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

PICKERT, STEPHEN W
201 EAST PINE STREET
SUITE 710
ORLANDO FL 32801

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 PTS
NAME CANCHOLA, S. RICARDO ☒ Delete
STREET ADDRESS 1857 S. KIRKMAN RD. 1021
CITY-ST-ZIP ORLANDO FL 32811

TITLE PTS
NAME LILIANA GONZALEZ ☒ Change ☐ Addition
STREET ADDRESS 37 E. 17th St
CITY-ST-ZIP St Cloud, FL 34769

TITLE D
NAME LANDMAN-GONZALEZ, LINDA ☐ Delete
STREET ADDRESS 5900 LAKE ELLENOR DR
CITY-ST-ZIP ORLANDO FL 32859

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

TITLE D
NAME PINEDO, JAVIER ☒ Delete
STREET ADDRESS 3290 OVERLAND RD.
CITY-ST-ZIP APOPKA FL 32703

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

TITLE D
NAME SALKIND, ILYA ☒ Delete
STREET ADDRESS 1000 UNIVERSAL STUDIOS FLORIDA PLAZA
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE C
NAME DEBLER, RICHARD D ☐ Delete
STREET ADDRESS 1610 AV OF THE STARS, TLR A-16, EPCOT CENTER
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

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

TITLE D
NAME FERNANDO, ALBERT ☐ Delete
STREET ADDRESS 390 N. ORANGE AVE STE 100
CITY-ST-ZIP ORLANDO FL 32801

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

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:

LILIANA GONZALEZ

01/07/00 (407) 34206396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)