

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90023 022 ****61.25

0025951

DOCUMENT # N96000006454

1. Entity Name

CASA DE MEXICO DE LA FLORIDA CENTRAL, INC.

Principal Place of Business

400 SOUTH ORANGE AVENUE
9TH FLOOR
ORLANDO FL 32801

Mailing Address

400 SOUTH ORANGE AVENUE
9TH FLOOR
ORLANDO FL 32801

2. Principal Place of Business

400 S. Orange Ave
Suite, Apt. #, etc.
9th Floor

3. Mailing Address

400 S. Orange Ave
Suite, Apt. #, etc.
9th Floor

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

US

Zip

32801

Country

US

4. FEI Number

59-3428138

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

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

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

Liliana Gonzalez PTS

04/02/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PTS GONZALEZ, LILLIANA 37 E 17TH ST SAINT CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDMAN-GONZALEZ, LINDA 5900 LAKE ELLENOR DR ORLANDO FL 32859	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEBLER, RICHARD D 1610 AV OF THE STARS, TLR A-16, EPCOT CENTER LAKE BUENA VISTA FL 32830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDO, ALBERT 390 N ORANGE AVE STE 100 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Silvia M. Flores MD 2840 NE 35 Court Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benito Echeverria 1200 NW 38th Ave Suite 203 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guillermo Hansen 220/C. E. Monument Ave. Kissimmee, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lupita Chabran PO Box 3833 Orlando, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/01 (407)420-6896

Date

Daytime Phone #

CR2E037 (10/00)