

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2003 8:00 am**  
**Secretary of State**

08-19-2003 90021 013 \*\*\*\*70.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3428138**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FRABOLD, BARNES~~ **FRABOLD BLANCA**  
**900 OLD ENGLAND AVE  
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Blanca E. Frabold*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/15/03**

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME **HERNANDEZ, HUGO**  
STREET ADDRESS **2567 PORTERVIEW WAY**  
CITY-ST-ZIP **ORLANDO FL 32802**

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

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

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

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

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

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

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

D ☐ Delete  
NAME **GONZLAES, JOAQUIN**  
STREET ADDRESS **9966 BAYVISTA ESTATES BLVD**  
CITY-ST-ZIP **ORLANDO FL 32836**

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

D ☐ Delete  
NAME **HOLLANDER, FEDERICO**  
STREET ADDRESS **2031 WILLOW LAUREN LANE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

☐ Change ☐ Addition  
TITLE  
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:

*Blanca E. Frabold*

**8/15/03 407-420-68-96**

CR2E037 (4/03)