

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004618

1. Entity Name

YO SOY EL FUTURO, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90049 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5027 SPRING RUN AVE  
ORLANDO FL 32819

P.O. BOX 45  
ORLANDO FL 32802-0045

2979 Krista Key Cr.  
Orlando, FL 32817-1888

2979 Krista Key Cr.  
Orlando, FL 32817-1888

2. Principal Place of Business

3. Mailing Address

2979 Krista Key Cr.  
Suite, Apt. #, etc.  
Orlando FL 32817-1888

same  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3445322

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

CASTELEIRO, GLADYS  
5027 SPRING RUN AVE  
ORLANDO FL 32819

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 ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CASTELEIRO, GLADYS  
5027 SPRING RUN AVE  
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MORALES, PETER  
9909 DEAN OAKS CT  
ORLANDO FL 32825

TITLE ☐ Change ☒ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BISIGNANO  
1085 S HIAWASSEE RD 522  
ORLANDO FL 32801

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ACEVEDO, NANCY  
1103 WINTER SPRINGS BLVD  
WINTER SPRGS FL 32708

TITLE ☐ Change ☒ Addition

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HERNANDEZ, ANNIE  
5216 ANDREA BLVD  
ORLANDO FL 32807

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PAGAN, FRANCISCO  
400 S ORANGE AVE  
ORLANDO FL 32801

TITLE ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-00 (407) 295-9336