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

**FILED**
**Aug 04, 2002 8:00 am**
**Secretary of State**
07-22-2002 90160 008 ****70.00

DOCUMENT # N97000004618

1. Entity Name

YO SOY EL FUTURO INC.

DO NOT WRITE IN THIS SPACE

40590

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5027 Spring Run Ave. | 5027 Spring Run Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando, Florida | City & State: Orlando, Florida |
| Zip: 32819 Country: Orange | Zip: 32819 Country: Orange |

4. FEI Number: 59-3445332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Gladys Casteleiro

Street Address (P.O. Box Number is Not Acceptable): 5027 Spring Run Ave.

City: Orlando FL Zip Code: 32819

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: Gladys Casteleiro 7-15-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 | President T |
| NAME | Gladys Casteleiro |
| STREET ADDRESS | 5027 Spring Run Ave. |
| CITY-ST-ZIP | ~~Orlando, FL 32819~~ |
| TITLE | Vice President D |
| NAME | Shawn Smith |
| STREET ADDRESS | 5253 Lake Underhill Rd. |
| CITY-ST-ZIP | Orlando, FL 32807 |
| TITLE | Chairman T |
| NAME | Victor Rivera |
| STREET ADDRESS | 5027 Spring Run Ave. |
| CITY-ST-ZIP | |
| TITLE | Director D |
| NAME | Miguel Lopez |
| STREET ADDRESS | 40 Trotters Circle |
| CITY-ST-ZIP | ~~Kissimmee, FL 34743~~ |
| TITLE | Tania Alarcon =Secr. D |
| NAME | 52438-1 Iroquois Court |
| STREET ADDRESS | Fort Hood, Texas 76544 |
| CITY-ST-ZIP | |
| TITLE | Emerida Rivera- Treasurer |
| NAME | 2660 SW 37thhAve. #503 |
| STREET ADDRESS | Miami, FL 33133 D |
| CITY-ST-ZIP | |

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gladys Casteleiro 7-15-02 (407) 521-0526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #