

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90696 025 \*\*\*\*61.25

**DOCUMENT # N990000000031**

1. Entity Name

**EL PAN DE VIDA, INC.**



Principal Place of Business

**2152 WHISPER LAKES BLVD.  
ORLANDO FL 32837**

Mailing Address

**P.O. BOX 770416  
ORLANDO FL 32877**

**90001526**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3573347**

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

**FELIZ, BENJAMIN  
2152 WHISPER LAKES BLVD.  
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **FELIZ, BENJAMIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**152 OAKWOOD DR.**  
City **KISSIMMEE, FL** Zip Code **34743**

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

Signature (typed or printed name of registered agent and title, 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **REYES, JOSE A SR. DR.**  
STREET ADDRESS **13670 HAWK LAKE DR.**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete  
NAME **REYES, OLFA**  
STREET ADDRESS **13670 HAWK LAKE DR.**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete  
NAME **FELIZ, BENJAMIN**  
STREET ADDRESS **2306 SAPHIRE CT.**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Delete  
NAME **CARELA, ANGEL**  
STREET ADDRESS **1724 PEREGRINE FALCON'S WAY #20**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete  
NAME **FELIZ, DAMARIS**  
STREET ADDRESS **2306 SAPHIRE CT**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Delete  
NAME **VIDAL, GABRIEL**  
STREET ADDRESS **359 QUAIL RUN TRACE**  
CITY-ST-ZIP **CLEVELAND TN 37312**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **CARELA, ANGEL**  
STREET ADDRESS **2007 BRANDON CROSSING Cir. #203**  
CITY-ST-ZIP **BRANDON, FL 33511**

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

TITLE ☒ Change ☐ Addition  
NAME **VIDAL, GABRIEL**  
STREET ADDRESS **620 URBANE RD. NE**  
CITY-ST-ZIP **CLEVELAND, TN 37312**

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**

**1/7/03 (407) 344-8600**

CR2E037 (10/02)