

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-17-2001 91297 021 ****61.25

DOCUMENT # N99000000618

1. Entity Name

ASOCIACION CIVICO-SOCIAL PANAMENA FLORIDA CENTRA

Principal Place of Business

P O BOX 678284
 ORLANDO FL 32867-8284

Mailing Address

P O BOX 678284
 ORLANDO FL 32867-8284

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 **59-3584968**

Applied For

Not Applicable

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

ARMEN, RAFAEL
1550 BROOKEBRIDGE DR
ORLANDO FL 32825

Name **Rivera Epla**
 Street Address (P.O. Box Number is Not Acceptable)

1349 Merrimac Ln

City **Deltona**

FL

Zip Code **32725**

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

Epla Rivera

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07-01-2001

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	VPD	☒ Delete
NAME	CUTHBERT, JERONIMO	
STREET ADDRESS	105 N. ABERDEEN CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	MPD	☒ Delete
NAME	SAMSON, ELSY	
STREET ADDRESS	1421 BROOKEBRIDGE DR.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	APR	☐ Delete
NAME	SANTAMARIA, JOSE F	
STREET ADDRESS	4925 RED BAY DR.	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	TD	☒ Delete
NAME	MATIAS, VERONICA	
STREET ADDRESS	1208 TWIN RIVERS BLVD.	
CITY-ST-ZIP	OVIEDO FL 32768	
TITLE	SD	☐ Delete
NAME	BORELAND, ILDAURA D	
STREET ADDRESS	3121 PELL MELL DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	AT	☒ Delete
NAME	ARMEN, ROBERTO	
STREET ADDRESS	729 SANDPIPER LN.	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	Sybilis Cabrera	☐ Change ☒ Addition
NAME	2001 Riverpark Blvd	
STREET ADDRESS	Orlando, FL 32817	
CITY-ST-ZIP		
TITLE	Gladis Robinson	☐ Change ☐ Addition
NAME	2695 Flamboyant St.	
STREET ADDRESS	Kissimmee, FL 34744	
CITY-ST-ZIP		
TITLE	Linares Alex	☐ Change ☒ Addition
NAME	5990 Shotwood Glen # 102	
STREET ADDRESS	Orlando, FL 32822	
CITY-ST-ZIP		
TITLE	Isabel Ledezma	☐ Change ☒ Addition
NAME	4156 Walter Ct	
STREET ADDRESS	Orlando, FL 32822	
CITY-ST-ZIP		
TITLE	Victor Michel	☐ Change ☒ Addition
NAME	Cedarhurst 10430	
STREET ADDRESS	Orlando, FL 322817	
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:

Epla Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-01

Date

(904) 532-0021

Daytime Phone #

CR2E037 (10/00)