

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/23/21

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90126 025 \*\*\*\*61.25

**DOCUMENT # N99000002381**

1. Entry Name

PRINCIPIO Y FIN, INC.

Principal Place of Business

Mailing Address

3501 Oak Pointe Blvd  
 Kissimmee, FL 34746

P.O. BOX 452326  
 KISSIMMEE FL 34745-2326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 452326  
 Kissimmee FL  
 34745-2326



DO NOT WRITE IN THIS SPACE

4. FBI Number

Applied For

59-3611152

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MELENDEZ GERARDO

207 - D Eden Lane  
 Kissimmee, FL 34743

SIGNATURE

*Gerardo Melendez* (D)

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

(NOTE: Registered Agent signature required when reinstating)

6/28/02  
 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Accountant  
 Mariel Colon (T)  
 104 Big Springs Dr.  
 Kissimmee Florida 34746

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary  
 Olga Melendez (T)  
 411 Peppermill Ci.  
 Kissimmee FL 34757

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 like empowered.

SIGNATURE: *Gerardo Melendez* (D)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

(407) 344-2372

Daytime Phone #

CR2E037 (9/99)