

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90299 009 \*\*\*\*61.25

**DOCUMENT # N99000004095**

1. Entity Name  
**SOCIEDAD DOMINICANA DE LA FLORIDA CENTRAL, INC.**



Principal Place of Business  
**2390 W. OAKRIDGE RD. STE 102  
ORLANDO FL 32809**

Mailing Address  
**2390 W. OAKRIDGE RD. STE 102  
ORLANDO FL 32809**

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 **59-3659872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**MOLINA, JULIO  
8614 BRACKENWOOD DR.  
ORLANDO FL 32829**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☒ Delete  
NAME **RODRIGUEZ, JUAN**  
STREET ADDRESS **2390 W OAKRIDGE RD STE 102**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **DP** ☐ Delete  
NAME **HERRERA, JOSE**  
STREET ADDRESS **2390 W. OAKRIDGE RD. STE 102**  
CITY-ST-ZIP **ORLANDO FL-32809**

TITLE **VP** ☐ Delete  
NAME **VARGAS, MARIA**  
STREET ADDRESS **2390 OAKRIDGE RD STE 102**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **T** ☒ Delete  
NAME **LEE, MIRIAM**  
STREET ADDRESS **2390 W OAKRIDGE RD, #102**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☒ Delete  
NAME **BURGOS, LIDIA**  
STREET ADDRESS **2390 W. OAKRIDGE RD. STE 102**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **S** ☒ Delete  
NAME **PEREZ, JUAN A**  
STREET ADDRESS **2390 W OAKRIDGE RD STE 102**  
CITY-ST-ZIP **ORLANDO FL 32809**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☐ Change ☒ Addition  
NAME **SIXTO CUEVAS**  
STREET ADDRESS **2390 W OAKRIDGE STE 102**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **O** ☐ Change ☒ Addition  
NAME **OLGA FRIAS**  
STREET ADDRESS **2390 W. OAKRIDGE STE 102**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **VT** ☐ Change ☒ Addition  
NAME **MARISOL DIAZ**  
STREET ADDRESS **2390 W. OAKRIDGE STE 102**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **T** ☐ Change ☒ Addition  
NAME **BERNARDINA AGRANONTE**  
STREET ADDRESS **2390 W. OAKRIDGE STE 102**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **D** ☐ Change ☒ Addition  
NAME **SONIA HERNANDEZ**  
STREET ADDRESS **2390 W. OAKRIDGE STE 102**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **S** ☐ Change ☒ Addition  
NAME **ILUMINADA VANDERHOLDS**  
STREET ADDRESS **2390 W. OAKRIDGE STE 102**  
CITY-ST-ZIP **ORLANDO, FL 32809**

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**

03-27-03

CR2E037 (10/02)