

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90300 013 \*\*\*150.00

**DOCUMENT # P00000086784**

1. Entity Name

**REPUBLIC CORPORATION OF ORLANDO**

Principal Place of Business

**7061 GRAND NATIONAL DR., SUITE 105-I  
 ORLANDO FL 32819**

Mailing Address

**7061 GRAND NATIONAL DR., SUITE 105-I  
 ORLANDO FL 32819**

2. Principal Place of Business

**6504 CARRIER DRIVE**

3. Mailing Address

**6504 CARRIER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

**USA**

Zip

**32819**

Country

**USA**

4. FEI Number

**59-3668523**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WAINSTEIN, MARCOS  
 7061 GRAND NATIONAL DR., SUITE 105-I  
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

**LANEL, MARCELO**

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

**4912 SOLIMARTIN DRIVE**

City

**ORLANDO**

FL

Zip Code

**32837**

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

**MARCELO LANEL**

**4-25-2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WAINSTEIN, MARCOS</b>	
STREET ADDRESS	<b>7061 GRAND NATIONAL DR., SUITE 105-I</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANEL, MARCELO</b>	
STREET ADDRESS	<b>7061 GRAND NATIONAL DR., SUITE 105-I</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4912 SOLIMARTIN DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL-32837</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARCELO LANEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-25-2001 (407) 345-9110**

CR2E034 (10/00)