## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000102875

Entity Name: BIENVENIDOS A ORLANDO, INC.

FILED Jun 04, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 453255 KISSIMMEE, FL 34745 US **Current Mailing Address: New Mailing Address:** P.O. BOX 453255 KISSIMMEE, FL 34745 US FEI Number: 54-2075400 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOYOS, JOSE M 1361 SIÉRRA CIRCLE KISSIMMEE, FL 34744 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition HOYOS, JESUS DIRECTO Name: Name: 17657 SW 28TH CT Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33029 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: HOYOS, JOSE A DIRECTO 7469 JESSAMINE DR. Address: Address: LAKELAND, FL 33810 US City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete SHWAIKI, MAGED DIRECT Name: Name: 949 CLOYD DAIRY LOOP Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32837 US Title: () Delete Title: MRS. ( ) Change (X) Addition SHWAIKI, SONIA PRES Name: Name: Address: Address: 1361 SIERRA CIR City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744 US Title: Title: MR. ( ) Change (X) Addition ( ) Delete HOYOS, JOSE M VICE Name: Name: Address: Address: 1361 SIERRA CIR KISSIMMEE, FL 34744 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition DELGADO, ISABEL DIRECTO Name: Name: Address: Address: 1356 CINDER LN City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA SHWAIKI PRES 06/04/2003