

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016362

1. Entity Name

CENTRAL LEGAL LATINO, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90045 036 ***150.00

Principal Place of Business

Mailing Address

2390 W OAK RIDGE RD
ORLANDO FL 32809
US

2390 W OAK RIDGE RD
ORLANDO FL 32809-3716
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3400990

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARCIA, ALTAGRACIA L
2390 W OAK RIDGE RD
ORLANDO FL 32809

Name Altagracia L. Garcia
Street Address (P.O. Box Number is Not Acceptable) 4400 South Mellonville Ave.
City Sanford FL Zip Code 32773

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, ALTAGRACIA L	
STREET ADDRESS	2390 W OAK RIDGE RD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAUTISTA, KARINA	
STREET ADDRESS	2390 W OAK RIDGE RD	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

(407) 888-3535

Daytime Phone #

CR2E034 (9/99)