

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000082092**

1. Entity Name

PROMESA CORPORATION**FILED**
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90004 019 ***550.00

Principal Place of Business

11972 HATCHER CR
ORLANDO FL 32824
US

Mailing Address

P O BOX 32877
ORLANDO FL 32877-051
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 771051

Orlando, Florida

32877-1051

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3404522

Applied For

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

POSTIGO, JOSE A
11972 HATCHER CIR
ORLANDO FL 32824

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.

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	POSTIGO, JOSE A	11972 HATCHER CR	ORLANDO FL 32824	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	MARTELL, DELLY	11972 HATCHER CR	ORLANDO FL 32824	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	POSTIGO, MELISSA	11972 HATCHER CR	ORLANDO FL 32824	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

Jose A. Postigo August 4, 2000 407-246-3185

CR2E034 (5/00)