

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90135 019 \*\*\*150.00

**DOCUMENT # P97000083670**

1. Entity Name  
**PORTOCARRERO, INC.**

Principal Place of Business 1017 S. HIAWASSEE ROAD #3713 ORLANDO FL 32835	Mailing Address 1017 S. HIAWASSEE ROAD #3713 ORLANDO FL 32835-1751
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**720123**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 431 E CENTRAL BLVD Suite, Apt. #, etc. #701 City & State ORLANDO FL Zip 32801 Country USA	3. Mailing Address 431 E CENTRAL BLVD Suite, Apt. #, etc. #701 City & State ORLANDO FL Zip 32801 Country USA
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4. FEI Number 59-3459307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**PORTOCARRERO, FELIPE**  
**1017 S. HIAWASSEE ROAD**  
**#3713**  
**ORLANDO FL 32835**

7. Name and Address of New Registered Agent  
 Name  
**FELIPE PORTOCARRERO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**431 E. CENTRAL BLVD #701**  
 City  
**ORLANDO** FL Zip Code  
**32801**

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 **FELIPE PORTOCARRERO** DATE **4-14-00**  
(Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PORTOCARRERO, FELIPE</b>		NAME		
STREET ADDRESS	<b>1017 S. HIAWASSEE ROAD 3713</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **FELIPE PORTOCARRERO** Date **4-14-00** Daytime Phone # **407-963-7077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)