

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90438 040 \*\*\*150.00

DOCUMENT # P98000018068 ✓

1. Entity Name

PORTO LANO INCORPORATED

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5333 COLLINS AVENUE

Suite, Apt. #, etc. SUITE 1003

3. Mailing Address

3107 PLANTATION LAKES

Suite, Apt. #, etc.

CIRCLE

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

SANFORD FL

Zip

33140

Country

Zip

32771

Country

4. FEI Number

65-0816027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA C. ZAPATA

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

3107 PLANTATION LAKES CIRCLE

City

SANFORD

FL

Zip Code

32771

**DO NOT WRITE  
IN THIS SPACE**

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.

MARIA C. ZAPATA

SIGNATURE

*McZapata*

(TITLE  
V/T/D)

APRIL 29, 2002

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/S/D  
VICTOR SANTOS  
5333 COLLINS AV. SUITE 1003  
MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/T/D  
MARIA CONSUELO ZAPATA  
5333 COLLINS AVE. SUITE 1003  
MIAMI BEACH FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*McZapata* (MARIA C. ZAPATA)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002 (407) 3230764

Date

Daytime Phone #

CR2E034B (12/01)