

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90320 020 ***158.75

DOCUMENT # P98000032544

1. Entity Name

BUENA VIDA DE ECHAVARRIA S.A., INC.

Principal Place of Business

Mailing Address

C/O BELFONTE ASSOCIATES
ONE HAMDEN CENTER-2319 WHITNEY AVE.
HAMDEN CT 06518

C/O BELFONTE ASSOCIATES
ONE HAMDEN CENTER-2319 WHITNEY AVE.
HAMDEN CT 06518

C0031023



2. Principal Place of Business

1000 Universal Studios Plaza

3. Mailing Address

See above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 22-A

City & State
Orlando, FL

City & State

Zip
32819

Country
USA

Zip

Country

4. FEI Number 59-3534681

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLOWAY, GREGORY B
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 218
ORLANDO FL 32819

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

Echavarria

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ECHAVARRIA, HECTOR
7919 WELLSMERE CIRCLE
ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Michael Belfonti
2319 Whitney Avenue
Hamden, CT 06518 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
Paul Raucci
4100 N. Ocean Drive, 1801 #44
Singer Island, FL 33404 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Echavarria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)