

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041639

1. Entity Name

FLORIDA INSTITUTE OF INTERPRETATION AND TRANSLAT

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90058 019 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2400 S. CONWAY RD., SUITE 200~~  
~~ORLANDO FL 32812~~

PO BOX 1340  
ORLANDO FL 32802-1340  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip  
32825

Country

USA

Zip

Country

4. FEI Number

59-3519285

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

DE LA MORA, AGUSTIN S

~~2400 S. CONWAY RD., SUITE 200~~  
~~ORLANDO FL 32812~~  
SUITE 248

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

AGUSTIN S. DE LA MORA PRESIDENT 4/12/00

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 ☐ Delete  
NAME DE LA MORA, AGUSTIN S  
STREET ADDRESS 999 SORIA AVE  
CITY-ST-ZIP ORLANDO FL 32807

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME AGUSTIN S. DE LA MORA  
STREET ADDRESS 9425 CHANDON DR.  
CITY-ST-ZIP ORLANDO, FL. 32825 ADDRESS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

(407) 836-0403

Daytime Phone #

CR2E034 (9/99)