FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90181 040 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110762

1. Entity Name
ALAMO VACATION HOMES, INC

Principal Place of Business
600 NORTH THACKER AV.
KISSIMMEE, Fl 32741

Mailing Address
600 NORTH THACKER AV
KISSIMMEE, Fl 32741

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1609 NESTLEWOOD TRL
Suite, Apt. #, etc.: ORLANDO
City & State: FLORIDA
Zip: 32837 Country: U.S.A

3. Mailing Address: 1609 NESTLEWOOD TRL
Suite, Apt. #, etc.: ORLANDO
City & State: FLORIDA
Zip: 32837 Country: U.S.A

4. FEI Number: 59-3592816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRANCESCO ARATO
1609 NESTLEWOOD TRL
ORLANDO, Fl 32837

7. Name and Address of New Registered Agent
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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRANCESCO ARATO 1609 NESTLEWOOD TRL ORLANDO, Fl 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GILBERTO ZAMBRANO 1609 NESTLEWOOD TRL ORLANDO, Fl 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] Francesco Arato President May 1/2000 (407)8598222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #