

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90111 035 ***150.00

0075000

DOCUMENT # P99000110762

1. Entity Name

ALAMO VACATION HOMES, INC.

Principal Place of Business

**1609 NESTLEWOOD TRL
 ORLANDO FL 32837**

Mailing Address

**1609 NESTLEWOOD TRL
 ORLANDO FL 32837**

2. Principal Place of Business

1172 EAST VINE ST

Suite, Apt. #, etc.

3. Mailing Address

1172 EAST VINE ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

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

**ARATO, FRANCESCO
 600 NORTH THACKER AVE.
 KISSIMMEE FL 32741**

7. Name and Address of New Registered Agent

Name

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

1172 EAST VINE ST.

City

KISSIMMEE, FL

FL

Zip Code

34744

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, 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

TITLE **PD** ☐ Delete
 NAME **ARATO, FRANCESCO**
 STREET ADDRESS **1609 NESTLE WOOD TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **STD** ☒ Delete
 NAME **ZAMBRANO, GILBERTO E**
 STREET ADDRESS **1609 NESTLE WOOD TR.**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

FRANCESCO ARATO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
 Date

(407) 847-7724
 Daytime Phone *

CR2E034 (10/00)