

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90181 041 \*\*\*158.75

**DOCUMENT # S96253**

1. Entity Name  
**IBERO AMERICA ENTERPRISES, INC.**



Principal Place of Business  
**12047 SAFFRON CT  
ORLANDO FL 32837  
US**

Mailing Address  
**PO BOX 770846  
ORLANDO FL 32877-0846  
US**

2. Principal Place of Business  
**13500 TURTLE MARSH**

Mailing Address  
**PO BOX 771942**

Suite, Apt. #, etc.  
**830**

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL.**

City & State  
**ORLANDO, FL.**

Zip  
**32837**

Country

Zip  
**32877**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3100747**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SCHAMBON, SYLVIA R  
12047 SAFFRON CT  
ORLANDO FL 32837**

## 7. Name and Address of New Registered Agent

Name **IRMA C. SCHAMBON**

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

**13500 TURTLE MARSH LOOP # 830**

City **ORLANDO**

FL

Zip Code  
**32837**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/15/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PT** ☒ Delete  
NAME **SCHAMBON, PEDRO D.**  
STREET ADDRESS **12047 SAFFRON CT**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VPS** ☒ Delete  
NAME **SCHAMBON, SYLVIA R**  
STREET ADDRESS **12047 SAFFRON CT**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☒ Addition  
NAME **IRMA C. SCHAMBON**  
STREET ADDRESS **13500 TURTLE MARSH LOOP # 830**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **VPS** ☒ Change ☐ Addition  
NAME **DAYANA A. ELASMAR**  
STREET ADDRESS **13500 TURTLE MARSH LOOP # 830**  
CITY-ST-ZIP **ORLANDO, FL 32837**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **IRMA C. SCHAMBON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/03 407-8570166**  
Date Daytime Phone #

CR2E034 (10/02)