

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89428

1. Entity Name

STEREOTYPES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90167 016 ***150.00

Principal Place of Business
C/O CARLOS M. GONZALEZ
550 N. NOVA RD.
DAYTONA BEACH FL 32114-1702

Mailing Address
C/O CARLOS M. GONZALEZ
550 N. NOVA RD.
DAYTONA BEACH FL 32114-1702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2669592	Applied For	
		Not Applicable	
5. Certificate of Status Desired		☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, CARLOS M.
127 MUIRFIELD DRIVE
DAYTONA BEACH FL 32114

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 _____ (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
NAME	GONZALEZ, CARLOS M.
STREET ADDRESS	127 MUIRFIELD DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	VD
NAME	GONZALEZ, CARLOS N.
STREET ADDRESS	127 MUIRFIELD DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	STD
NAME	GONZALEZ, CLARA E.
STREET ADDRESS	127 MUIRFIELD DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Carlos Gonzalez, Pres. 1-17-01 (404) 253-7093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)