

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90151 031 ***150.00

DOCUMENT # P00000082839

1. Entity Name
URIZAR & BOND, CORP.

Principal Place of Business
14244 ISLA MORADA DR.
ORLANDO FL 32837

Mailing Address
14244 ISLA MORADA DR.
ORLANDO FL 32837

705510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4149 Town Center Blvd
 Suite, Apt. #, etc.

3. Mailing Address
4149 Town Center Blvd
 Suite, Apt. #, etc.

City & State
Orlando Florida
 Zip
32837
 Country
U.S.A

City & State
Orlando Florida
 Zip
32837
 Country
U.S.A

4. FEI Number
59-3666394

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

HERRERA, JOSE V
14244 ISLA MORADA DR.
ORLANDO FL 32837

Name
 Street Address (P.O. Box Number is Not Acceptable)
4149 Town Center Blvd
 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.

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!!! FEES \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	JOSE V. HERRERA
CITY-ST-ZIP	4149 TOWN CENTER BLVD ORLANDO FL 32837
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. President
STREET ADDRESS	ZURINE URIZAR
CITY-ST-ZIP	4149 TOWN CENTER BLVD ORLANDO Florida 32837
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **1/22/01** **407-858-4288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)