

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90106 026 ***158.75

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1. Entity Name
PAUL SALINAS GRANDING, INC.

Principal Place of Business
**400 SOUTH SUNLAND DRIVE
SANFORD FL 32773**

Mailing Address
**400 SOUTH SUNLAND DRIVE
SANFORD FL 32773**



2. Principal Place of Business
300 marjorie Blvd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 520243
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Longwood FL

City & State
Longwood FL

4. FEI Number
75-2018432

Applied For
 Not Applicable

Zip
32750

Country
Seminole

Zip
32752-0243

Country
Seminole

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

**SALINAS, PAUL
400 SOUTH SUNLAND DRIVE
SANFORD FL 32773**

Name
Juanita Mathis

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

1035 S. Pine Ridge Circle

City
Sanford

FL

Zip Code
32773

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 *Juanita Mathis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
TAGLE, SYLVIA G
18056 SW 29 ST.
MIRAMAR FL 33029** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ORTIZ, MATILDE S
400 SOUTH SUNLAND DRIVE
SANFORD FL 32773** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Ortiz, Matilde S
300 marjorie Blvd
Longwood FL 32750** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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: *matilde ortiz* **SIGNATURE REQUIRED** *matilde ortiz* **4/16/03** **407-328-7749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)