

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454484

1. Entity Name

CORTEZ, INC.

Principal Place of Business

700 ROPER PARKWAY
P.O. BOX 25
OC00EE FL 34761

Mailing Address

700 ROPER PARKWAY
P.O. BOX 25
OC00EE FL 34761-0025

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

59-1539536

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

CORTEZ, EDWIN L.
1461 KELSO BLVD
WINDEMERE FL 34786

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

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	CORTEZ, EDWIN L.	
STREET ADDRESS	1461 KELSO BLVD	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBERTSON, PATRICIA	
STREET ADDRESS	220 LAKESHORE DR	
CITY-ST-ZIP	OC00EE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTEZ, EDWIN L	
STREET ADDRESS	1461 KELSO BLVD	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORTEZ, DONNA	
STREET ADDRESS	1461 KELSO BLVD	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTSON, PAUL N	
STREET ADDRESS	220 LAKESHORE DR	
CITY-ST-ZIP	OC00EE FL	
TITLE		<input type="checkbox"/> Delete
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

407 656-4397

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90320 036 ***150.00

LUUUUUUU



DO NOT WRITE IN THIS SPACE