

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90035 039 ***150.00

DOCUMENT # **636966**

1. Entity Name

ARIZA, INC.



DO NOT WRITE IN THIS SPACE

94058312

2. Principal Place of Business

631 SMOKE RISE BLVD

Suite, Apt. #, etc.

3. Mailing Address

631 SMOKE RISE BLVD

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-1971949

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE M. ARIZA

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

631 SMOKE RISE BLVD

City

LONGWOOD

FL

Zip Code

32779

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **JOSE M. ARIZA**
STREET ADDRESS **631 SMOKE RISE BL**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **V.P. SEC. TREAS.**
NAME **BETTIE P. ARIZA**
STREET ADDRESS **631 SMOKE RISE BL**
CITY-ST-ZIP **LONGWOOD, FL 32779**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

BETTIE P. ARIZA

BETTIE P. ARIZA

4-17-04 (407) 788-0569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)