

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002160

1. Entity Name

AARICA HOLDINGS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90171 031 \*\*\*150.00

Principal Place of Business

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD FL 32779

Mailing Address

195 WEKIVA SPRINGS ROAD  
SUITE 209  
LONGWOOD FL 32779-3696

2. Principal Place of Business

3. Mailing Address

195 Wekiva Springs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Longwood FL

4. FEI Number

98-0124910

Applied For

Not Applicable

Zip

Country

Zip

32779-3696

Country

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

KOLOZS, CAROL  
195 WEKIVA SPRINGS ROAD  
SUITE 209  
LONGWOOD FL 32779

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KOLOZS, CAROL 195 WEKIVA SPRINGS ROAD LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHNORF, JAMES R 195 WEKIVA SPRINGS ROAD LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PATRICK M TWO MAGIC PLACE 8071 ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFARO, ALFREDO CAMPOS ELISEOS 345 PISO 7 COL POHANCO 11560 MEXICO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

SECRETARY JAMES R SCHNORF 4/25/00 407-682-2001

Date

Daytime Phone #

CR2E:034 (9/99)