

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99466

1. Entity Name

MARIA E. ARROYAVE, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90089 018 ***150.00

Principal Place of Business

Mailing Address

P O BX 64 3899
VERO BCH FL 32964
US

P O BX 64 3899
VERO BCH FL 32963-1129
US

2. Principal Place of Business

3. Mailing Address

2211 DePauw Avenue

2211 DePauw Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32804

Country

Zip

32804

Country

4. FEI Number

59-2215425

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

ARROYAVE, MARIA E., M.D.
946 SURF LN
VERO BCH FL 32963

Name

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

2211 DePauw Avenue

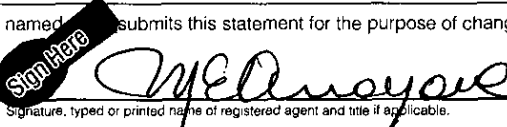
City

Orlando

FL

Zip Code

32804

8. The above named  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

3/22/2000

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 PD ☐ Delete
NAME ARROYAVE, MARIA E MD
STREET ADDRESS 946 SURF LN
CITY-ST-ZIP VERO BCH FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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, an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000

Date

(407) 898-2287

Daytime Phone #