2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

F99466 **DOCUMENT #**

1. Entity Name

MARIA E. ARROYAVE, INC.



Principal Place of Business 32 E VANDERBILT ST

ORLANDO FL 32804

Zip

SIGNATURE

10.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address 32 E VANDERBILT ST ORLANDO FL 32804

| 2. Principal Place of Business | 3. Mailing Address | |
|--------------------------------|---------------------|---------------------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | · · · · · · · · · · · · · · · · · · · |
| City & State | City & State | |

Zip

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90020 023 ***150.00

| ☐ CHECK HERE IF MAKING CHANGES | | | | | |
|---|--|--------------------------------|---------------------|-------------------------------|--|
| 4. FEI Nur | ^{nber} 59-2215425 | ., | - | Applied For Not Applicable | |
| 5. Certifica | ate of Status Desired | \$8.75 Additional Fee Required | | | |
| 7. Name and Address of New Registered Agent | | | | | |
| O. Box Nun | nber is Not Acceptable) | - ,u | | | |
| " - | · | FL | Zip Co | ode | |
| d agent, or I | both, in the State of Florida | a. I am fa | ımiliar with | n, and accept | |
| | Election Campaign Financ Trust Fund Contribution. | ing | \$5. Adde | 00 May Be ed to Fees | |
| ADDITION | S/CHANGES TO OFFICE | RS AND [| | | |
| <u> </u> | | | Change | ☐ Addition | |
| | | 1 | ☐ Change | Addition | |
| | | [| Change | ☐ Addition | |
| | | [| Change | ☐ Addition | |

ARROYAVE, MARIA E., M.D. Street Address (P. 32 E VANDERBILT ST ORLANDO FL 32804 City

8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.

11,

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

(NOTE: Registered Agent signature required wi

Country

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

ARROYAVE, MARIA E MD

32 E VANDERBILT ST

ORLANDO FL 32804

TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)