

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2000 08:00 AM****Secretary of State****DOCUMENT # G06841**

1. Entity Name

CORDOVEZ ENTERPRISES, INC.

Principal Place of Business

1560 N. POWERLINE ROAD

POMPANO BCH.

33069

FL

US

Mailing Address

409 PLAZA AVENUE

LAKE PLACID

338529518

FL

US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2307213

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWTON DONALD SSR

409 PLAZA AVENUE

LAKE PLACID

338529518

FL

7. Name and Address of New Registered Agent

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)

02/28/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	DE CORDOVEZ, LUZ MARIA	
STREET ADDRESS	409 PLAZA AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CORDOVEZ, GUILLERMO, JR	
STREET ADDRESS	409 PLAZA AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORDOVEZ, GUILLERMO, SR	
STREET ADDRESS	409 PLAZA AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: GUILLERMO CORDOVEZ SR

PD

02/28/2000