

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # G06841**1. Entity Name  
CORDOVEZ ENTERPRISES, INC.

Principal Place of Business 1560 N. POWERLINE ROAD  POMPAHO BCH. FL 33069	Mailing Address 409 PLAZA AVENUE  LAKE PLACID FL 338529518
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

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 AVENUELAKE PLACID FL  
338529518**7. Name and Address of New Registered Agent**

Name

NEWTON DONALD SSR

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

409 PLAZA AVENUE

City  
LAKE PLACID

FL

Zip Code  
338529518

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)

04/20/2001

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, 2001 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**

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOVEZ GUILLERMO VP	
STREET ADDRESS	409 PLAZA AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOVEZ GUILLERMO P	
STREET ADDRESS	409 PLAZA AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

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

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

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

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04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)