**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2001 8:00 am **DOCUMENT # H41550 Secretary of State** 1. Entity Name 01-31-2001 90055 037 \*\*\*150.00 ARUBA INTERNATIONAL, INC. Principal Place of Business Mailing Address 5189 VINELAND ROAD 5189 VINELAND ROAD りてのゴマ ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-3161383 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERRILL, LILLIAN Street Address (P.O. Box Number is Not Acceptable) 9000 BAY HILL BLVD. ORLANDO FL 32819 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVS** TITLE Change ☐ Addition CR2E034 (10/00) TITLE ☐ Delete NAME **GUTIERREZ, RENE** NAME STREET ADDRESS STREET ADDRESS 5189 VINELAND RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE TITLE [ ] Change ☐ Addition NAME GUTIERREZ, RENE NAME STREET ADDRESS STREET ADDRESS 5189 VINELAND RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE ☐ Delete TITLE NAME MERRILL, LILLIAN STREET ADDRESS 7442 SUGAR BEND DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORLANDO FL** TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: ZENE D. GUTTERREZ TRESTORNT SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2001 (407) 345- 618