

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001375

1. Entity Name

AREVALO & ASSOCIATES, L.L.C.

FILED

01 MAY -3 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6512 FRANCONIA DRIVE  
ORLANDO FL 32812

Mailing Address

6512 FRANCONIA DRIVE  
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3567635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SWANN & HADLEY, P.A.  
1031 WEST MORSE BLVD., SUITE 270  
WINTER PARK FL 32789

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)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM AREVALO, PEDRO  
STREET ADDRESS 6512 FRANCONIA DRIVE  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE NAME MGRM AREVALO, MARLA CRISTINA  
STREET ADDRESS 6512 FRANCONIA DRIVE  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE NAME MGRM BUENO, TOMAS  
STREET ADDRESS 6512 FRANCONIA DRIVE  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 500004336405-3  
STREET ADDRESS -05/31/01--01076--004  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-20-01

Date

Daytime Phone #

CR2E083 (11/00)