

5/2h

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-02-2001 90006 002 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004221

1. Entity Name

CIRCUITO VAQUEROS Y JINETES CORP.



Principal Place of Business

7328 WOODRIDGE PARK DR. #1-103
 ORLANDO FL 32318

Mailing Address

7328 WOODRIDGE PARK DR. #1-103
 ORLANDO FL 32318

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

32818

USA

32818

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUAREZ, ADRIANNA
7328 WOODRIDGE PARK DR., #1-103
ORLANDO FL 32318

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒	PD	☐ Delete
NAME	JUAREZ, ADRIANNA	
STREET ADDRESS	7328 WOODRIDGE DR.	
CITY-ST-ZIP	ORLANDO FL 32318	
TITLE ☒	TD	☒ Delete
NAME	SALINAS, AUDELIA	
STREET ADDRESS	241 E. SMITH ST.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE ☒	VD	☒ Delete
NAME	MARTINEZ, NESTOR	
STREET ADDRESS	7328 WOODRIDGE PARK DR., #1-103	
CITY-ST-ZIP	ORLANDO FL 32318	
TITLE ☒	V.P.	☐ Delete
NAME	JOSE DE JESUS HERNANDEZ	
STREET ADDRESS	7328 WOODRIDGE PARK DR. #1-103	
CITY-ST-ZIP	ORLANDO, FL 32318	
TITLE ☒	Jacob Martinez	☐ Delete
NAME	Treasurer/Secretary	
STREET ADDRESS	7328 WOODRIDGE PARK DR. #1-103	
CITY-ST-ZIP	ORLANDO, FL 32318	
TITLE ☐		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 817, 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

Date

407-532-5713

Daytime Phone #

CR2E037 (10/00)