

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-05-2003 91881 015 ***61.21

DOCUMENT # N00000004221

1. Entity Name

CIRQUITO VAQUEROS Y JINETES CORP.



FILED N00000004221
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 28 AM 9:51

Principal Place of Business

Mailing Address

7266 OAK MEADOW
ORLANDO FL 32835

7266 OAK MEADOW
ORLANDO FL 32835

2. Principal Place of Business

5276 Brook Court

Suite, Apt. #, etc.

221

3. Mailing Address

5276 Brook Court

Suite, Apt. #, etc.

221

City & State

Orl. FL

City & State

Orl. FL

4. FEI Number 59-3677811

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

32811 FL

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUAREZ, ADRIANNA

7328 WOODRIDGE PARK DR, #1-103

ORLANDO FL 32818

New address →

7. Name and Address of New Registered Agent

Name

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

5276 Brook Court #221

City

Orl

FL

Zip Code

32811

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Adrianna Juarez

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

(NOTE: Registered Agent signature required when reinstating)

04/28/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JUAREZ, ADRIANNA
STREET ADDRESS 7328 WOODRIDGE DR.
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE DVP
NAME DE JESUS HERNANDEZ, JOSE
STREET ADDRESS 7328 WOODRIDGE PARK DRIVE, #1-103
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE STD
NAME MARTINEZ, JACOB
STREET ADDRESS 7328 WOODRIDGE PARK DRIVE, #1-103
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 617, 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

04-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)