

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000387

1. Entity Name

AMIGOS RETIRADOS, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90069 040 ****70.00

Principal Place of Business

Mailing Address

5448 HOFFNER AVE.
SUITE 108
ORLANDO FL 32812
US

P.O. BOX 570038
ORLANDO FL 32857-0038
US

2. Principal Place of Business

3. Mailing Address

5454 HOFFNER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

ORLANDO FLORIDA

Zip

Country

Zip

Country

32812

US

4. FEI Number

59-3293686

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUIG, LYDIANA
5448 HOFFNER AVE.
SUITE 108
ORLANDO FL 32812

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PUIG, LYDIANA
STREET ADDRESS 7309 CEDAR CREEK CT.
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE TD ☒ Delete
NAME RAMIREZ, CARLOS
STREET ADDRESS 100 EAST ANDERSON ST. #505
CITY-ST-ZIP ORLANDO FL 32801

TITLE T.D. ☒ Change ☐ Addition
NAME CARMEN N. Centeno
STREET ADDRESS 4772 LANTEEN CT.
CITY-ST-ZIP ORLANDO, FL. 32808

TITLE VPD ☐ Delete
NAME MARTINEZ, PABLO
STREET ADDRESS 2537 SUNFISH ST.
CITY-ST-ZIP ORLANDO FL 32839

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

TITLE S ☒ Delete
NAME MARICHU, BARBOSA
STREET ADDRESS 424 VALENCIA PL CIRCLE
CITY-ST-ZIP ORLANDO FL 32825

TITLE S ☒ Change ☐ Addition
NAME Olga Rodriguez
STREET ADDRESS 525 S. CONWAY R.D. APT. 94
CITY-ST-ZIP ORLANDO, FL. 32807

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: *Lydianna Puig* LYDIANA PUIG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000 407-380-1531

Date

Daytime Phone