

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90253 041 \*\*\*\*70.00

DOCUMENT # N95000000387

1. Entity Name

AMIGOS RETIRADOS, INC.

Principal Place of Business

5448 HOFFNER AVE.  
SUITE 108  
ORLANDO FL 32812  
US

Mailing Address

5454 HOFFNER AVE.  
SUITE 104  
ORLANDO FL 32812  
US

2. Principal Place of Business

5458 HOFFNER AVE

3. Mailing Address

5458 HOFFNER AVE

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

Orlando, FL

City & State

Orlando Florida

Zip

32812

Country

USA

Zip

32812

Country

USA

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

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

7. Name and Address of New Registered Agent

Name LYDIANA PUIG (SAME) RA

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

250 LEW FIELD CIR

City

Winter Park

FL

Zip Code

32792

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

TITLE PD  
NAME PUIG, LYDIANA  
STREET ADDRESS 7309 CEDAR CREEK CT. 250 Lew Field Cir.  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE TD  
NAME CENTENO, CARMEN N  
STREET ADDRESS 4772 LANTERN CT  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE S  
NAME RODRIGUEZ, OLGA  
STREET ADDRESS 525 S. CONWAY RD #94  
CITY-ST-ZIP ORLANDO FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T.D  
NAME HECTOR Jimenez  
STREET ADDRESS 588 Woodgreen LANE  
CITY-ST-ZIP WINTER SPRINGS FL 32781

TITLE VPD  
NAME CARMEN R. MARI  
STREET ADDRESS 224 LEW FIELD CIR.  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 an other like empowered.

SIGNATURE:

Lydianna Puig  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 407-380-1531

Date

Daytime Phone #

CR2E037 (10/00)