

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

008588 AV

DOCUMENT # P00000012222

1. Entity Name
HARIBO CORPORATION

04-08-2002 90234 041 ***150.00

Principal Place of Business
309 SABAL PARK PLACE APT 205
LONGWOOD FL 32779

Mailing Address
309 SABAL PARK PLACE APT 205
LONGWOOD FL 32779

B0060910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *MC DIRMIT DAVIS & CO*
605 E. ROBINSON ST

3. Mailing Address *MC DIRMIT DAVIS & CO*
605 E. ROBINSON ST

Suite, Apt. #, etc.
SUITE 635

Suite, Apt. #, etc.
SUITE 635

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip **32801** Country **U.S.A.**

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4. FEI Number **59-3620729**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE PAULA, CANDELARIA B
309 SABAL PARK PLACE APT 205
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name **DE PAULA, CANDELARIA B.**
 Street Address (P.O. Box Number is Not Acceptable)
309 SABAL PARK PL # 205
 City **LONGWOOD** FL Zip Code **32779**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DE PAULA, CANDELARIA B	
STREET ADDRESS	309 SABAL PARK PLACE APT 205	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Canclaria Paula* **03/28/02** **(407) 687-4235**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)