

2001 ~~STATE~~ ~~REPORT~~ ~~REPORT~~ (UBR)

DOCUMENT # P00000013327

1. Entity Name

RANCHO EL JIBARITO CORP

Principal Place of Business

1107 A BRYAN STREET
KISSIMMEE, FL 34741

Mailing Address

600 N. THACKER AV
SUITE B-7
KISSIMMEE, FL 34741-4885

2. Principal Place of Business

1107 A BRYAN STREET

3. Mailing Address

600 N. THACKER AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE B-7

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34741

Country

OSCEOLA

Zip

34741-4885

Country

OSCEOLA

4. FEI Number

59-0032720

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$2.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGO BURGOS
1227 CLAY STREET
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name MILCIA A. MINYETY

Street Address (P.O. Box Number is Not Acceptable)
1107 A BRYAN STREET

City KISSIMMEE, FL

FL

Zip Code 34741

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 *Milcia A. Minyety*

09/26/01

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

(NOTE: Registered Agent signature required when substituting)

Date

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

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DOMINGO BURGOS	☒ Delete
NAME	1227 CLAY STREET	
STREET ADDRESS	KISSIMMEE, FL 34741	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☒ Addition
NAME	MILCIA A. MINYETY	
STREET ADDRESS	1107 A BRYAN STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	500004645125--3	
CITY-ST-ZIP	-10/19/01--01025--016	
TITLE		☐ Change ☐ Addition
NAME	***558.75	
STREET ADDRESS	***558.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(b), 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: *Milcia A. Minyety*

09/26/01

407-846-4731

FILED
01 OCT -9 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/09/01 90016 018 15410
DO NOT WRITE IN THIS SPACE

CP25004 (11/00)