

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91802 027 ***150.00

DOCUMENT # P00000018415

1. Entity Name

HARAS "12 DE OCTUBRE", INC.



DO NOT WRITE IN THIS SPACE

11042024

2. Principal Place of Business
1231 NE 39TH PLACE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FLORIDA

City & State

4. FEI Number 65-0986462

Applied For
Not Applicable

Zip
34470

Country
MARION

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VIVIEN L SWANSON

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

2522 SW 27TH AVE

City OCALA

FL

Zip Code
34474

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

[Signature]

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

(NOTE: Registered Agent signature required when substituting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President
MORALES-TRUJILLO, CARMEN ELENA
1231 NE 39TH RD, OCALA, FL 34470

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
MORALES GALANCO, RICARDO
1231 NE 39TH RD, OCALA, FL 34470

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
MAQUILLON GAGGERO, ROBERTO
1231 NE 39TH RD, OCALA, FL 34470

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)