

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024582

1. Entity Name

PEQUENO TESORO, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90318 008 ***150.00

Principal Place of Business

Mailing Address

5214 CONCH CT
ORLANDO FL 32819

5214 CONCH CT
ORLANDO FL 32819

2. Principal Place of Business

19 W. Monument Ave.
Suite, Apt. #, etc.

3. Mailing Address

5214 Conch Ct
Suite, Apt. #, etc.

City & State

Kiss. FL

City & State

Orl. FL

4. FEI Number

593662780

Applied for

Not Applicable

Zip

Country

34741

USA

Zip

Country

32819

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, AGNERI
5214 CONCH CT
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

City

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 the filer (applicable)

(NOTE: Registered Agent signature required when resigning)

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, 2001 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	PTD	☐ Delete
NAME	MARTINEZ, AGNERI	
STREET ADDRESS	5214 CONCH CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VSD	☐ Delete
NAME	MARTINEZ, ROBERT	
STREET ADDRESS	5214 CONCH CT	
CITY-ST-ZIP	ORLANDO FL 32819	
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 19.07(3)(f), 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:

Agneri Martinez Agneri Martinez

4/16/2001 (407) 343-0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (10/00)