

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90151 002 ***150.00

DOCUMENT # P00000033017

1. Entity Name

SAUCEDA AND SONS, INC.

Principal Place of Business

**493 NORTH THOMPSON RD.
 APOPKA FL 32712**

Mailing Address

**493 NORTH THOMPSON RD.
 APOPKA FL 32712**

2. Principal Place of Business

3601 HADDINGTON COURT

3. Mailing Address

3601 HADDINGTON COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

City & State

APOPKA FLORIDA

Zip

32712

Country

Zip

32712

Country

4. FEI Number

59-3632113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUCEDA, MARCELO

**493 NORTH THOMPSON RD.
 APOPKA FL 32712**

Name

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

3601 HADDINGTON COURT

City

APOPKA

FL

Zip Code

32712

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT, Secy. Din**
 STREET ADDRESS **MARCELO SAUCEDA**
 CITY-ST-ZIP **3601 HADDINGTON COURT**
APOPKA, FLORIDA 32712

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MARCELO SAUCEDA, PRESIDENT

1/18/01

Date

Daytime Phone #

CR2E034 (10/00)