

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90026 006 ***150.00

DOCUMENT # P00000038006

1. Entity Name
NORENA & RINCON CORP.

Principal Place of Business

1254 SANDESTIN WAY
ORLANDO FL 32824

Mailing Address

1342 E VINE STREET
#450
KISSIMMEE FL 34744

2. Principal Place of Business

624 Wilks Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number

90-4733880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORENA, ALVARO
1254 SANDESTIN WAY
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

ALVARO NORENA

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

624 Wilks Ave.

City

Orlando

FL

Zip Code

32809

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/2002

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** ☐ Delete
NAME **NORENA, ALVARO**
STREET ADDRESS **1240 SANDBROOK DR.**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☐ Delete
NAME **RINCON, ANGELA**
STREET ADDRESS **1240 SANDBROOK DR.**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☐ Delete
NAME **NORENU, ALVARO**
STREET ADDRESS **1254 SANDESTIN WAY**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☐ Delete
NAME **RINEON, ANGELA**
STREET ADDRESS **1254 SANDESTIN WAY**
CITY-ST-ZIP **ORLANDO FL 32824**

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 **Director** ☐ Change ☒ Addition
NAME **JAIRO MELIA**
STREET ADDRESS **624 Wilks Ave**
CITY-ST-ZIP **Orlando, FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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)(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

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 321-6970202
 Date Daytime Phone #

CR2E034 (9/01)