## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P0000040898 1. Entity Name 05-17-2001 90400 009 \*\*\*150.00 CALERO VINYL SERVICE, INCORPORATED Principal Place of Business Mailing Address 1000 S SEMORAN BLVD #505 1000 S SEMORAN BLVD #506 VULLUA WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALERO, CESAR A Street Address (P.O. Box Number is Not Acceptable) 1000 S SEMORAN BLVD #505 WINTER PARK FL 32792 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Addition Change PD Delete TITLE TITLE NAME CALERO, CESAR A NAME STREET ADDRESS STREET ADDRESS 1000 S SEMORAN BLVD #505 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change ☐ Addition ☐ Delete TITLE TITLE NAME CALERO, CESAR A NAME STREET ADDRESS STREET ADDRESS 1000 S SEMORAN BLVD #505 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

CESAR A. CALERO

SIGNATURE:

Daytime Phone #