

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90544 048 \*\*\*150.00

**DOCUMENT # P00000058778**

1. Entity Name  
**H.G. CARAN, CORP.**



Principal Place of Business  
**1633 EAST VINE STREET.  
SUITE 106  
KISSIMMEE FL 34744**

Mailing Address  
**1633 EAST VINE STREET  
SUITE 106  
KISSIMMEE FL 34744**

2. Principal Place of Business  
**1637 E Vine St.**

3. Mailing Address  
**1637 E Vine St.**

Suite, Apt. #, etc.  
**SUITE 101**

Suite, Apt. #, etc.  
**SUITE 101**

City & State  
**Kissimmee, FL**

City & State  
**Kissimmee, FL**

Zip  
**34744**

Country  
**USCEOLA**

Zip  
**34744**

Country  
**USCEOLA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-1016884**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOLLEJA, GREGORIO  
1633 EAST VINE STREET  
SUITE 106  
KISSIMMEE FL 34744**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Haydee Molleja* **Haydee Molleja** 3/13/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	<b>PTDS MOLLEJA, GREGORIO A 1633 EAST VINE STREET, SUITE 106 KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD DEFERRER, MARIA 1633 E VINE ST SUITE 203 KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GREGORIO, MOLLEJA 1633 E VINE ST SUITE 203 KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DE MOLLEJA, HAYDEE 1633 E VINE ST SUITE 203 KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1637 E Vine St, Ste 101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1637 E Vine St, Ste 101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1637 E Vine St, Ste 101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1637 E Vine St, Ste 101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x *Haydee Molleja* **HAYDEE MOLLEJA** 3/13/03 407-518-9030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)