

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000070240**

1. Entity Name

ENVIOS LA GUERA SOLEDAD, INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90091 048 ***150.00

Principal Place of Business

4819 BUSCH BLVD., #107
TAMPA FL 33617

Mailing Address

4819 BUSCH BLVD., #107
TAMPA FL 33617

A0012888



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4819 East Busch Blvd.

3. Mailing Address

4819 East Busch Blvd.

Suite, Apt. #, etc.

Ste 107

Suite, Apt. #, etc.

Ste 107

City & State

Tampa FL

City & State

Tampa FL

Zip

33617

Country

USA

Zip

33617

Country

USA

4. FEI Number

59-3658423

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ, JORGE
8720 NORTH CALDER PL.
TAMPA FL 33604

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	RUIZ, JORGE	4819 BUSCH BLVD., #107	TAMPA FL 33617	

VTD	RUIZ, MELISSIA M	4819 BUSCH BLVD., #107	TAMPA FL 33617	<input type="checkbox"/> Delete
-----	------------------	------------------------	----------------	---------------------------------

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)