

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90151 031 \*\*\*150.00

**DOCUMENT # P00000082839**

1. Entity Name  
**URIZAR & BOND, CORP.**

Principal Place of Business  
**14244 ISLA MORADA DR.**  
**ORLANDO FL 32837**

Mailing Address  
**14244 ISLA MORADA DR.**  
**ORLANDO FL 32837**

2. Principal Place of Business  
**4149 TOWN CENTER BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4149 TOWN CENTER BLVD**  
 Suite, Apt. #, etc.

City & State  
**Orlando Florida**  
 Zip  
**32837**  
 Country  
**U.S.A**

City & State  
**Orlando Florida**  
 Zip  
**32837**  
 Country  
**U.S.A**

4. FEI Number  
**59-3666394**

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

**HERRERA, JOSE V**  
**14244 ISLA MORADA DR.**  
**ORLANDO FL 32837**

Name

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

**4149 TOWN CENTER BLVD**

City  
**Orlando**

FL

Zip Code  
**32837**

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>President</b>
STREET ADDRESS	<b>JOSE V. HERRERA</b>
CITY-ST-ZIP	<b>4149 TOWN CENTER BLVD</b>
	<b>ORLANDO FL 32837</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V. President</b>
STREET ADDRESS	<b>ZURINE URIZAR</b>
CITY-ST-ZIP	<b>4149 TOWN CENTER BLVD</b>
	<b>ORLANDO Florida 32837</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/22/01**

**407-858-4288**

CR2E034 (10/00)