## 2001 UNIFORM BUSINESS REPORT (UBR)

changed or on an attachment with an address, with

SIGNATURE:

## May 29, 2001 8:00 am Secretary of State DOCUMENT # P00000085292 1. Entity Name 05-29-2001 90005 017 \*\*\*150.00 VARGAS AND ASSOCIATES, INC. Principal Place of Business Mailing Address 417 RIVERWOODS CIRCLE 417 RIVERWOODS CIRCLE 660584 ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3669357 City & State City & State Applied For Not App icable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARGAS, ANGEL L Street Address (P.O. Box Number is Not Acceptable) 417 RIVERWOODS CIRCLE ORLANDO FL 32825 City Zip Code 8. The above named entity subgrits thippstatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4-30-01 nd title if applicable (NOT Registered Agent's sphature required when reinstating) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2( )1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criter a on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME VARGAS, ANGEL L STREET ADDRESS STREET ADDRESS 417 RIVERWOODS CIRCLE CITY-ST-ZIP CITY - ST- ZIP ORLANDO FL 32825 Change ☐ Addition ☐ Delete TITLE TITLE NAME VARGAS, CECILIA NAME STREET ADDRESS STREET ADDRESS 417 RIVERWOODS CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP THLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIF CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY - ST - ZIF 13. Thereby certify that the information supplied with this filing does not qualify 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 eath; 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

IG OFFICE 3 OR DIRECTOR

4-30-01 (401) 281-6956

4Hachment 1060584 700000085292

## ACCOUNTING CENTER

FOR SMALL BUSINESS, INC.

100 S. Semoran, Suite B Orlando, Florida 32807

May 23, 2001

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re:

Vargas and Associates, Inc.

FEI # 59-3669357

Dear Sir or Madam:

Enclosed please find the 2001 Uniform Business Report for Vargas and Associates, Inc. and their check #1110 made payable to Department of State in the amount of \$150.00.

Our client had given specific instructions to his secretarial staff to mail this report on time. Much to his dismay, he recently discovered that the person did not follow his instructions.

We urge you to please accept their apologies and bring their account current.

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Sincerely,

Susana Rodriguez

Accountant