

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000097538**

1. Entity Name **ORLANDO MENU COVERS, INC.**

FILED
01 DEC 24 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 955 W. Lancaster Rd. 3. Mailing Address 955 W. Lancaster Rd.

Suite, Apt. #, etc. Unit #2 Suite, Apt. #, etc. Unit #2

City & State Orlando, FL 32809 City & State Orlando, FL 32809

Zip Country Zip Country

4. FEI Number **52-2273949** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

Fabio Cucalon
 955 W. Lancaster Road
 Unit #2
 Orlando, FL 32809

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]* 12/21/01
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retaking) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. 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
P. S. T Fabio Cucalon 955 W. Lancaster Rd., Unit #2 Orlando, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
400004781054--0 -01/17/02--01016--013 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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]* 12/21/01 407-240-2535
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)

Orlando Menu Covers

***955 West Lancaster Road, Suite 2
Orlando, Florida 32809***

December 21, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Orlando Menu Covers, Inc.
Document No. P00000097538

Dear Sir or Madam:

Please be advised that a 2001 Annual Report/Uniform Business Report was never received by Orlando Menu Covers, Inc.

It is our understanding that in light of such non-receipt of the 2001 Annual Report, this correspondence and the enclosed check in the amount of \$150.00 will reinstate Orlando Menu Covers.

Please confirm such reinstatement with me in writing. Thank you for your assistance.

Very truly yours,

ORLANDO MENU COVERS, INC.

By: 

Fabio Cucalon, President

Enclosure – Check in the amount of \$150.00