

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111813

1. Entity Name

ORLANDO ARAUJO SERVICES, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90109 039 ***150.00

Principal Place of Business

Mailing Address

3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

961 Tivoli Springs Cr.

961 Tivoli Springs Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

#103

City & State

City & State

Deerfield Beach FL.

Deerfield Beach FL.

Zip

Country

Zip

Country

33441

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERRO, RAQUEL

3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

Name

Orlando Araujo

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

961 Tivoli Springs circle #103
City: Deerfield Beach FL Zip Code: 33441

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

04.24.01

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	D	<input type="checkbox"/> Delete
NAME	ARAJO, ORLANDO	
STREET ADDRESS	961 TIVOLI SPRINGS CIRCLE #103	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 #

04.24.01 954.430.1042

CR2E034 (10/00)