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FILED
Aug 19, 2002 8:00 am
Secretary of State
07-01-2002 90352 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015081 ✓

1. Entity Name

Arepas La Montana Fodd Corp.

98371

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1708 Kelley Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Kissimmee, FL.		City & State	
Zip: 34744	Country	Zip	Country

4. FEI Number: 59-3710036 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Geovanny Sepulveda

Street Address (P.O. Box Number is Not Acceptable): 3700 34 Street Ste 100

City: Orlando FL Zip Code: 32105

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]
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Claudia Gaviria	NAME	
STREET ADDRESS	2337 Lily Pad Lane	STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL. 34743	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia G

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
P01000015081

[redacted]

[redacted]

Arepas La Montana Food Corp.

1708 Kelly Ave.
Kissimmee, FL. 34744

June 14, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sir or Madam:

We are submitting a Uniform Business Report due to the fact that the one that is supposed to be sent from the state was never received by us. Enclosed is a Uniform Business Report and Fee.

Sincerely,

Claudia Gaviria
President