

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR -8 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000038374**

1. Entity Name

Israel Cortez + Associates, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

602 High Street

Suite, Apt. #, etc.

3. Mailing Address

217 W Palmetto St

Suite, Apt. #, etc.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

02-03

City & State

Wauchula FL

City & State

Wauchula FL

4. FEI Number

65-1092727

Applied For

Not Applicable

Zip

33873

Country

Zip

33873

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Rita Masterson**

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

217 W Palmetto St

City

Wauchula

FL

Zip Code

33873

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rita Masterson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-25-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **Director/President**
NAME **Tomasita Cortez**
STREET ADDRESS **403 W MAIN ST**
CITY-ST-ZIP **BOWLING GREEN, FL 33834**

TITLE **DIRECTORY VICE PRESIDENT**
NAME **ISRAEL CORTES**
STREET ADDRESS **403 W MAIN ST**
CITY-ST-ZIP **BOWLING GREEN, FL 33834**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tomasita Cortez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03

Date

863-767-6181

Daytime Phone #

CR2E034B (12/02)

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