

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 030 ***158.75

DOCUMENT # 7010000052774

1. Entity Name

Textel Limitada, Corp. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

614 Sunset Beach Court

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Valrico, FL

City & State

4. FEI Number

65-1115665

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SONIA PITZER

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

614 Sunset Beach Court

City

Valrico

FL

Zip Code

33594

**DO NOT WRITE
IN THIS SPACE**

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

Sonia Pitzer PRESIDENTE

04/25/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P
SONIA PITZER
614 Sunset Beach Court
Valrico, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sonia Pitzer SONIA PITZER

04/25-02 813-655-0000

DATE

Daytime Phone *

CR2E034B (12/01)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

ATTACH # PD1000062779
 654171

2001-4896

625

213

BK

PG

(APPLICATION NUMBER)

APPLICATION TO MARRY

GROOM'S NAME (First, Middle, Last) WADE NEDDERMEYER PITZER		2. DATE OF BIRTH (Month, Day, Year) NOVEMBER 26, 1958	
RESIDENCE - CITY, TOWN OR LOCATION TAMPA	3b. COUNTY HILLSBOROUGH	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA
BRIDE'S NAME (First, Middle, Last) SONIA MARIA ARREDONDO-GARCIA		5b. MAIDEN SURNAME (if different)	
RESIDENCE - CITY, TOWN OR LOCATION TAMPA	7b. COUNTY HILLSBOROUGH	7c. STATE FLORIDA	6. DATE OF BIRTH (Month, Day, Year) JUNE 9, 1964
		8. BIRTHPLACE (State or Foreign Country) COLOMBIA	

WE THE APPLICANTS NAMES IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Wade Neddermeyer Pitzer</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPTEMBER 24, 2001
11. TITLE OF OFFICIAL MICHELE GRIFFITH/DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Michele S. Griffith</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Sonia Maria Arredondo Garcia</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPTEMBER 24, 2001
11. TITLE OF OFFICIAL MICHELE GRIFFITH/DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Michele S. Griffith</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE HILLSBOROUGH	18. DATE LICENSE ISSUED SEPTEMBER 24, 2001	18a. DATE LICENSE EFFECTIVE SEPTEMBER 27, 2001	19. EXPIRATION DATE NOVEMBER 26, 2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Michele S. Griffith</i>		20c. BY D.C. MG	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) OCTOBER 1, 2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE TAMPA, FLORIDA
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Yvonne M. Roche</i>	23c. ADDRESS (Of person performing ceremony) 419 PIERCE STREET, TAMPA, FLORIDA 33602
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) YVONNE M. ROCHE DEPUTY CLERK	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER 512-66-3713	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c
30. SOCIAL SECURITY NUMBER COLOMBIA PP# CC42762947	31. RACE HISPANIC	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c
		29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)
		33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)
		29c. DATE LAST MARRIAGE (Mo., Day, Year)	33c. DATE LAST MARRIAGE (Mo., Day, Year)

Form 743, April 98 (Replaces Feb. 91 edition)

STATE OF FLORIDA)
 COUNTY OF HILLSBOROUGH)

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE. WITNESS MY HAND AND OFFICIAL SEAL THIS 24th DAY OF October, 2001.



RICHARD A. CLERK

BY *Michele S. Griffith* D.C.