

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91508 015 ***150.00

DOCUMENT # P01000089324

1. Entity Name
HIKARO INC

Principal Place of Business

Mailing Address

5524 METROVEST BLVD #212
ORLANDO FL 32811

5524 METROVEST BLVD #212
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

11455 S. ORANGE BLOSSOM TRAIL

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32837

ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORORO, ANTONIO

5524 METROVEST BLVD #212
ORLANDO FL 32811

Name

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

1251 CAREY GLEN CIRCLE

City

ORLANDO

FL

Zip Code

32824-4808

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

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **MORORO, MARIA N**
CITY-ST-ZIP **5524 METROVEST BLVD #212**
ORLANDO FL 32811

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **MORORO, MARIA N.**
CITY-ST-ZIP **1251 CAREY GLENN CIRCLE**
ORLANDO, FL 32824-4808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: *Maria N. Mororo* **DIRECTOR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02
 Date

407 850-2511
 Daytime Phone #

CR2E034 (9/01)