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

DOCUMENT # P02000017834 1. Entity Name EJNIS & ORTIZ, INC.	
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FILED
03 OCT -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1906 E. OSCEOLA PKWY Suite, Apt. #, etc. City & State KISSIMMEE, FL Zip 34743 Country US	3. Mailing Address 1906 E. OSCEOLA PKWY Suite, Apt. #, etc. City & State KISSIMMEE, FL Zip 34743 Country US	4. FEI Number 04-3620508 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MANUEL ORTIZ	
Street Address (P.O. Box Number is Not Acceptable) 1500 MABBETTE ST	
City KISSIMMEE	FL Zip Code 34744

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 *Manuel Ortiz* **MANUEL ORTIZ** 10/02/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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 NAME STREET ADDRESS CITY - ST - ZIP	P,D Ortiz, Manuel 1500 Mabbette St., Kissimmee, FL 34744	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S,T,D Ortiz, Daisy 1500 Mabbette St., Kissimmee, FL 34744	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900023655929 10/09/03--01021--015 **150.00
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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: *Manuel Ortiz* **MANUEL ORTIZ, DIRECTOR** 10/02/03 **407-348-6855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

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EJNIS & ORTIZ, INC.
1906 E. Osceola Pkwy.
Kissimmee FL 34743
Tel: (407) 348-6855

September 26, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Doc.#: P02000017834 EJNIS & ORTIZ, INC.

To Whom It May Concern:

Please find the UBR for the above mentioned company and the \$150.00 fee. We never received the UBR prior to this date. We had to file a copy from the sunbiz.org site to get it to you.

Please advise if all will be approved. Your prompt response is greatly appreciated.

Sincerely,

Manuel Ortiz 10/02/03
Manuel Ortiz
President, Director