

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90246 028 \*\*\*150.00

DOCUMENT # P02000028059

1. Entity Name

ANGUIANO VAZQUEZ INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1401 N MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address  
1401 N MAIN STREET

Suite, Apt. #, etc.

City & State  
KISSIMMEE FL

City & State  
KISSIMMEE FL

4. FEI Number  
83-0353287

Applied For  
Not Applicable

Zip  
34746

Country  
USA

Zip  
34746

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**7. Name and Address of Registered Agent**

Name A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI

FL

Zip Code  
33131

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	PD CISNEROS, ADOLFO A 1401 N MAIN STREET KISSIMMEE FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, ADOLFO A SUBIDA DEL CLUB 2 CUERNAVACA, MEXICO 62260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, ALBERTO A SUBIDA DEL CLUB 2 CUERNAVACA, MEXICO 62260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, ARTURO A SUBIDA DEL CLUB 2 CUERNAVACA, MEXICO 62260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAZQUEZ, CARMEN SUBIDA DEL CLUB 2 CUERNAVACA, MEXICO 62260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE  
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

ADOLFO A CISNEROS, PD

Date

Daytime Phone #

011 52 777 3113  
3819

CR2E034B (12/01)