FOR PROFIT	CORPORATION	· [
UNIFORM BUSINI	ESS REPORT (L	JBR) 200	FILED	
DOCUMENT# PO200030280 1. Entity Name SSS TAGUAR FNC.			03 NOV -3 PM 2: 04	
SSS TAGUAR TNC				
DO NOT WOITE	IN THE CDA	CE.	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE			REINSTATEMENT 03	
2. Principal Place of Business 808 LATTE TACTSON DY Suite, Apt. #, etc.	3. Mailing Address 8 8 4 7 7 7 A Suite, Apt. #, etc.	CUISON ER.	DO NOT WRITE IN THIS SPACE	
City & State APOPKA FL	City & State APOPKA F		4. FEI Number Applied For Oゲー3 6/6 3 73 Not Applied	
Zip Country 32703 45.	Zip 2-703 Co	ountry	5. Certificate of Status Desired	
Name			7. Name and Address of Current Registered Agent OFT G-B A-L VIATADO	
DO NOT WRITE IN THIS SPACE		•	s (P.O. Box Number is Not Acceptable)	
		City A POP	PHA TACKSON OFR PHA FL Zip Code 32 703	
8. The above named entity submits this statement to	or the purpose of changing its regis		ered agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printer forme of registered agent	and title if applicable (NOTE: Regis	stered Agent signature require	red when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1, Fe Amended UB Make Check Payable to	e is \$550.00 /	10. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	
11. OFFICERS AND		TITLE /	,	
NAME STREET ADDRESS CITY-SI-ZIP APOPKA FL 32	CKSON CAR	NAME STREET ADORESS CITY-ST-ZIP	900024385559 11/03/0301090007 **150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS SOR LAME TACK	BILAP	TITLE NAME		
	2 32703	STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME	·] -	TITLE NAME	IN THIS SPACE	
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TITLE NAME		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP .	i i	STREET ADDRESS City-St-Zip		
TITLE	1	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP]	STREET ADDRESS CITY-ST-ZIP		•
indicated on this report or supplemental report in	s true and adcurate and that my sig powered to expoute this report as	mature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes, and that my name appears in Block 11 or on an	Or .
SIGNATURE:	PRINTED NAME OF SIGNING OFFICE OR DIF	RECTOR	Date Dayline Prione i	<u>\$</u> c

SSS JAGUAR INC 808 LAKE JACKSON CR APOPKA , FL 32703

PLEASE WAIVE THE PENALTY AND ACCEPT MY CHECK FOR 150 DOLLARS. I NEVER RECEIVED THE BUSINESS REPORT FROM TALLAHASSEE THIS YEAR.

JORGE ALVARADO-PRESIDENT
