

2003 FOR PROFIT CORPORATION UNIFORM-BUSINESS-REPORT (UBR)

3/7/2003-90089-035-\$150.00-\$150.00

DOCUMENT # P02000048915

1. Entity Name

~~RANCHO, INC.~~ *Rancho chico, INC.*



03 APR -4 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1901 PALM BAY RD~~
~~PALM BAY FL 32905~~

Mailing Address

~~1901 PALM BAY RD~~
~~PALM BAY FL 32905~~



2. Principal Place of Business

1805 CANOVA ST

3. Mailing Address

Suite, Apt. #, etc.

62

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Zip

32909

Country

USA

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BICKFORD, ROBERT E~~
~~2401 S WAVERLY PLACE~~
~~SUITE 200E~~
~~MELBOURNE FL 32901~~

Name

Complete Business Solutions, Inc.

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

1805 CANOVA ST #2

City

Palm Bay

FL

Zip Code

32909

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/02

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME *D*
STREET ADDRESS *GUTIERREZ, SALVADOR*
CITY-ST-ZIP *1901 PALM BAY RD*
PALM BAY FL 32905

TITLE ☒ Delete
NAME *D*
STREET ADDRESS *ANTONIO, JUAN*
CITY-ST-ZIP *1901 PALM BAY RD*
PALM BAY FL 32905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME *Raul Jimenez*
STREET ADDRESS *666 ELKONSA ST*
CITY-ST-ZIP *Palm Bay FL 32909*

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 (321) 956-8298

Date

De/Time Phone #

CF2E034 (10/02)