

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

FILED

DOCUMENT # **P02000083264**

1. Entity Name

20-11 CORPORATION



03 OCT -7 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 Simpson Road

3. Mailing Address
14740 Laguna Beach Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE FLORIDA

City & State
ORLANDO FLORIDA

4. FEI Number
41-205-2738

Applied For
Not Applicable

Zip
34744

Country
USA

Zip
32824

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LOURDES SANCHEZ

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

14740 Laguna Beach Circle

City
ORLANDO

FL

Zip Code
32824

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

Loures Sanchez

Loures Sanchez

09/29/2003

(Signature, typed or printed name of registered agent and the fee 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
President
Loures Sanchez
14740 Laguna Beach Circle, Orlando, FL 32824

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

Loures Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/29/2003

321-624-3455

Date

Daytime Phone #

CR2E034B (12/02)

21 10/18

20-11 CORPORATION

4018 West Vine Street – Kissimmee, FL 34744 – Phone (407) 994 1060 Fax (775) 618 8897
Toll Free Numbers Tel: 1-866-303-2011 Fax: 1-866-214-2011

Tuesday, September 30, 2003

Division of state
Corporation division
Annual Report sector
P. O. Box 6327
Tallahassee – FL - 32314

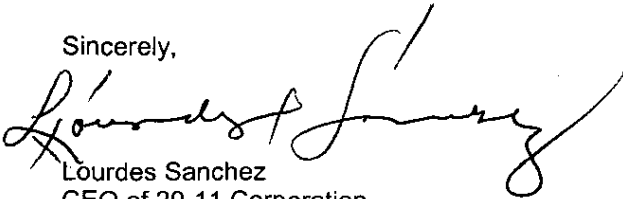
To who it may concern,

we are writing this letter to inform you that we have not received the printed annual report form for the year 2003. Most likely because the building where we had our operations, 201 Simpson Road, Kissimmee, was under construction for about 8 months and we have had to temporally move to another location. Mail may be lost during that time.

We kindly ask that you reinstate our company for which we have enclosed the completed UBR form plus a check for \$ 155.00 (It includes \$5 Election Campaign Financing)

Thank you very much and please, do not hesitate contacting us for any questions regarding this reinstatement at toll free 1-866 303 2011 or our fax 775 618 8897.

Sincerely,



Lourdes Sanchez
CEO of 20-11 Corporation.