

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

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90024 049 \*\*\*150.00

**DOCUMENT #** P02000086460

**1. Entity Name**

RANCHO VIEJO INC .

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1901 PALM BAY ROAD

Suite, Apt. #, etc.

**3. Mailing Address**

1901 PALM BAY ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

54020202

**City & State**

PALM BAY, FL

**City & State**

PALM BAY, FL

**4. FEI Number**

37-1436183

**Applied For**

Not Applicable

**Zip**

32905

**Country**

BREVARD

**Zip**

32905

**Country**

BREVARD

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

**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

**DO NOT WRITE  
IN THIS SPACE**

**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 \$61.25

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**

PRESIDENT

SALVADOR GUTIERREZ

1901 PALM BAY ROAD

PALM BAY, FL 32905

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

VICE PRESIDENT

HERIBERTO MARTINEZ

1901 PALM BAY ROAD

PALM BAY, FL 32905

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

VICE PRESIDENT

LUIS VELASQUEZ

1901 PALM BAY ROAD

PALM BAY, FL 32905

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

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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:** *Heriberto Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/16/04*  
Date

Daytime Phone #

CR2E034B (12/01)