2000 UNIFORM BUSINESS REPORT (UBR)

ment with an address, with all other like empowered

FILED DOCUMENT # P92000010334 Jan 21, 2000 8:00 am **Secretary of State** CEYBA ENTERPRISES, INC. 01-21-2000 90072 020 ***150.00 Principal Place of Business Mailing Address 2245 BLACK JACK OAK ST 2245 BLACK JACK OAK ST OCOEE FL 34761-5606 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0379397 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGRIGUEZ, LIBIA E Street Address (P.O. Box Number is Not Acceptable) 2245 BLACKJACK OAK ST OCOEE FL 34761 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) EILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change Delete TITLE TITLE RODRIGUEZ. LORENZO NAME NAME STREET ADDRESS STREET ADDRESS 2245 BLACK JACK OAK ST CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 ☐ Change Addition ☐ Delete TITLE TITLE -RODRIGUEZ, LIBIA NAME 2245 BLACK JACK OAK ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if