

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000067212**

1. Entity Name
ARACELY C. GUARIN INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90074 038 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1056 MONTGOMERY RD. **1056 MONTGOMERY RD.**
ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FFI Number **59-3231216** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUARIN, ARACELY C
1056 MONTGOMERY RD.
ALTAMONTE SPRINGS FL 32714

Name
Street Address (P.O. Box Number's Not Acceptable)
City FL 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 *Aracely C. Guarin*
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUARIN, ARACELY C. 837 SHELL LANE LONGWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALDERON, ROSA C. 837 SHELL LANE LONGWOOD FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment, with an address, with all other I am empowered.

SIGNATURE: *Aracely C. Guarin* (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-20-2001 Daytime Phone # 869-8991

CR2E034 (10/00)