

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009515

1. Entity Name

SERENO, INC.

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90036 011 ***150.00

Principal Place of Business

Mailing Address

781 MARTIN LUTHER KING BLVD
WAUCHULA FL 33873
US

PO BOX 2114
WAUCHULA FL 33873-6114
US

00024640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0565325

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JAIMES, ARTURO
753 MARTIN LUTHER KING BLVD
WAUCHULA FL 33873

Name Arturo farias

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

3467 Hickory St

City Zolfo Springs FL

Zip Code 33890

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PTD
NAME JAIMES, ARTURO
STREET ADDRESS PO BOX 2114
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

TITLE S
NAME PTD - BRESOR
STREET ADDRESS 2000 Springs, FL 33890
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VD
NAME JAINES, ANGEL
STREET ADDRESS 769 MARTIN LUTHER KING
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

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

TITLE SD
NAME JAIMES, ARELI
STREET ADDRESS 781 MARTIN LUTHER KING JR BOX 2114
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)