

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089759

1. Entity Name
AMIGOS VI, INC.

f

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90018 050 ***150.00

Principal Place of Business
140 N. WESTMONTE DRIVE
SUITE 203
ALTAMONTE SPRINGS FL 32714

Mailing Address
140 N. WESTMONTE DRIVE
SUITE 203
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
4250 Alafaya TR Suite 100
Suite, Apt. #, etc.
Oviedo FL

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3351416**

Applied For
Not Applicable

Zip *32765* Country *USA*

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

HYLTIN, ANDREW A
140 N. WESTMONTE DRIVE
SUITE 203
ALTAMONTE SPRINGS FL 32714

Name
Street Address (P.O. Box Number is 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Andrew Hyltin

7-20-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D HYLTIN, ANDREW A 140 N. WESTMONTE DRIVE, SUITE 203 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Andrew Hyltin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-00

CR2E034 (5/00)

Altamonte Springs
Oviedo
Winter Park
Orlando S.O.B.T.
Church Street
Tavares



DOC# P95000089759
B0103674

Corporate Office
140 N. Westmonte Drive
Suite 203
Altamonte Springs, FL 32714
Office (407) 869-8008
Fax (407) 869-8039

July 20, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

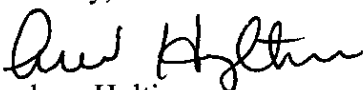
To Whom It May Concern :

This letter is concerning the 2000 Uniform Business Report that is enclosed. We did not receive the first notice. The enclosed is the second notice.

After telephoning your department today, we were instructed to make any necessary address changes and forward this report with a fee of \$150.00.

If you have any questions, please call (407) 869 - 8008.

Sincerely,


Andrew Hyltin