

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022900

1. Entity Name

ABRASIVE RESTORATION OF ORLANDO, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90015 048 ***150.00

Principal Place of Business

2802 MIDDLE ST.
 ORLANDO FL 32807

Mailing Address

2802 MIDDLE ST.
 ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3373018

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

MANTZARIS, DANIEL F
 120 S. ORANGE AVE.
 ORLANDO FL 32801

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

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
 DPS
 ARQUEROS, IVAN
 2802 MIDDLE ST.
 ORLANDO FL 32807 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVT
 ARQUEROS, ENRIQUE
 5951 WALLACE DR.
 ORLANDO FL 32807 ☐ Delete

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

TITLE
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TITLE
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☐ Delete

TITLE
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

Date

(407) 673-0596

Daytime Phone #

CR2E034 (5/00)

Attachment
#P96000022900
A0678463

**A.R.O., INC.
ABRASIVE RESTORATION OF ORLANDO, INC.
2802 MIDDLE ST.
Orlando, Fl. 32807**

September 12, 2000

Division Of Corporations
Uniform Business Report Filings
P.O. Box. 1500
Tallahassee, Fl. 32302-1500
Ref. Document # P96000022900

Dear Sir or Madam:

I have received the attached form, Ref. # P96000022900, This is the first time we received such form and you are stating this is the 2nd notice.

I called your office today and was advised to write a letter explaining this situation and to send it along with the check for \$150.00 (enclosed).

If you should have any questions, please feel free to contact me at 407-249-7757.

I thank you in advance for your prompt response to this matter.

Sincerely,

Ivan Arqueros
Enclosures