

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90120 009 \*\*\*150.00

DOCUMENT # P96000038368

1. Entity Name

EMMA HIGUERA PA

Principal Place of Business

6310 BAYHILL LN  
LONGWOOD FL 32779



Emma Higuera  
1075 Kensington Pk. Apt. #204  
Altamonte Springs, FL 32714

2. Principal Place of Business

1075 KENSINGTON PARK

3. Mailing Address

SAWIS

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRING FL

City & State

Zip

32714

Country

SEMINOLE

Zip

Country

4. FEI Number

59-3374696

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

Name

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

City

FL

Zip Code

Emma Higuera  
1075 Kensington Pk. Apt. #204  
Altamonte Springs, FL 32714

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

*Emma Higuera PA*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/1/2001

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**  
**payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Emma Higuera  
1075 Kensington Pk. Apt. #204  
Altamonte Springs, FL 32714

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

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:

*Emma Higuera PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/2001

CR2E034 (10/00)