

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075152

1. Entity Name

FLORIDA BUSINESS MANAGEMENT, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90041 018 ***158.75

Principal Place of Business

Mailing Address

7448 UNIVERSAL BLVD
ORLANDO FL 32819
US

7448 UNIVERSAL BLVD
ORLANDO FL 32819
US

2. Principal Place of Business

7472 UNIVERSAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

7472 UNIVERSAL BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32819-8910

Country

ORANGE

Zip

32819-8910

Country

ORANGE

4. FEI Number

59-3416811

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

ALMEIDA, JOSE M

~~7448 UNIVERSAL BLVD~~ 7472 UNIVERSAL BLVD
ORLANDO FL 32819-8910

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 \$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 PSTD
NAME ALMEIDA, JOSE M
STREET ADDRESS ~~7448 UNIVERSAL BLVD~~ 7472 UNIVERSAL BLVD
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP
NAME ALMEIDA, ELIZABETH R
STREET ADDRESS 7664 APPLE TREE CIR
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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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.

JOSE M. ALMEIDA - Pres.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANURARY, 23, 2001 (407) 351-4001

Date

Daytime Phone #

CR2E034 (10/00)