## **FILED**

## 2002 IINIEODM BIISINESS DEDORT /IIRD\

Principal Place of Business  824 PAUL STREET ORLANDO FL 32808 US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  SARMIENTO, REINALD  59 NORTHBRIDGE DR ALTAMONTE SPGS FL 32714  City  8. The above named entity submits this statement for the purpose of changing its registered Agent applicative. (NOTE Registered Agent applicative. (NOTE Registered Agent applicative. ONTE Registered Agent applicative. ONTE Registered Agent applicative. (NOTE Registered Agent applicative. ONTE Registered Agent applicative. ONTE Registered Agent applicative. (NOTE Registered Agent applicative. ONTE Registered Agent applicative. ONTE Registered Agent applicative. (NOTE Registered Agent applicative. ONTE Registered Agent applicative. ONTE Registered Agent applicative. (NOTE Registered Agent applicative required when remaining)  9. This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	m ᢤ		
Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  Applied  Not Applied  Not Applied  Not Applied  Not Applied  Name  SARMIENTO, REINALD  Sea NORTHBRIDGE DR  ALTAMONTE SPGS FL 32714  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and little # applicable.  NOTE: Registered Agent signature required when rematating)  DATE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1**			
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  See Required  Fee Required  Fee Required  Fee Required  Fee Required  SARMIENTO, REINALD  Sea NORTHBRIDGE DR  ALTAMONTE SPGS FL 32714  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 rematating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  DATE  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 1	<b>11</b> )		
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  SARMIENTO, REINALD  569 NORTHBRIDGE DR  ALTAMONTE SPGS FL 32714  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)  PATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 Make Check Payable to Department of State			
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SARMIENTO, REINALD 569 NORTHBRIDGE DR ALTAMONTE SPGS FL 32714  City  FL  Zip Code  6. 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 elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check, Payable to Department of State  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	$\longrightarrow$		
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CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13.   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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption doe			

IGNATURE:

Signature and type of partition of properties and that my signature shall have the same legal effect as in habe through daily interest of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; 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 and type of partition name of signing officer or director.

Date

Date

SIGNATURE: \_