

UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90502 039 ***150.00

DOCUMENT # 90100003167

1. Entity Name SERGIO A GUTIERREZ PA
 5131 CITY ST STE 622
 ORLANDO, FL 32839-4516

Principal Place of Business 5131 CITY ST
 STE 622 ORLANDO, FL 32839
Mailing Address SAME

2. Principal Place of Business **3. Mailing Address**

State, Apt. #, etc. **State, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number 59-3481522 **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SERGIO GUTIERREZ
 5131 CITY ST AP 622
 ORLANDO, FL 32839

7. Name and Address of New Registered Agent
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 renewing) **DATE**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: ☐ **(See statute on back)**

FILE NOW! FEE IS \$150.00
AND MAY 2000 Fee will be \$550.00
Must be Paid to Department of State

10. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

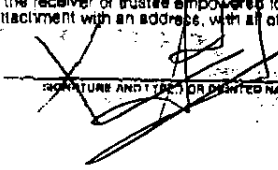
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES. BO	☐ Delete
NAME	SERGIO GUTIERREZ	
STREET ADDRESS	5131 CITY ST AP 622	
CITY-STATE-ZIP	ORLANDO, FL 32839	
TITLE	V.P. BO	☐ Delete
NAME	MARY MARCELINO	
STREET ADDRESS	5131 CITY ST AP 622	
CITY-STATE-ZIP	ORLANDO, FL 32839	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **DATE** 5/28/2001 **Daytime Phone #**

CR-001134 (09/00)