

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105704

1. Entity Name

VIRAMONTES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90092 020 ***150.00

C0033981



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1503 W. PONDEROSA FT. WALTON BEACH FL 32547	Mailing Address 1503 W. PONDEROSA FT. WALTON BEACH FL 32547-7029
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2. Principal Place of Business 125 Northern Pine Road Suite, Apt. #, etc.	3. Mailing Address 125 Northern Pine Rd Suite, Apt. #, etc.
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City & State Fort Walton Beach, FL Zip 32547 Country	City & State Fort Walton Beach, FL Zip 32547 Country
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4. FEI Number 59-3498078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIRAMONTES, JACINTO
1503 W. PONDEROSA
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
125 Northern Pine Road

City
Fort Walton Beach FL Zip Code
32547

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VIRAMONTES, JACINTO 1503 W. PONDEROSA FT. WALTON BEACH FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Viramontes, Jacinto 125 Northern Pine Rd Ft Walton Beach, FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jacinto Viramontes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/6/00 Daytime Phone #: 850 862 7255

CR2E034 (9/99)