Page 1 of 2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106999

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

JOSE E. ARAUJO, P.A.

Principal Place of Business	Mailing Address
13342 LUXBURY LOOP ORLANDO FL 32837	13342 LUXBURY LOOP ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4704 Ainsworth DR	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl.	City & State
Zip: 32837 Country: Orange	Zip Country

4. FEI Number 59-3483008 ☐ 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
SWART, HARRY J CPA 717 EAST OAK STREET KISSIMMEE FL 34744	Name: ARAUJO, Jose E Street Address (P.O. Box Number is Not Acceptable): 4704 Ainsworth DR City: Orlando FL Zip Code: 32837

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: x Jose Araujo Jose ARAUJO / President 7/19/00

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ARAUJO, JOSE E 13342 LUXBURY LOOP ORLANDO FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ARAUJO Jose E 4704 Ainsworth DR Orlando Fl. 32837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	04/12/00 90170 026 150.00	☐ 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.

SIGNATURE: x Jose Araujo Jose ARAUJO 7/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/00)

July 18, 2000.

To Whom it May Concern:

I filed my original Reinstatement of Corp. with my fees of #150.00. It was send it back to me for corrections but I never received. In the Enclosed Report I'm making all necessary Corrections.

Thank You.

Jn Eustaquio Ramos