

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107953

1. Entity Name

OLD MEXICO OF MARIANNA, INC

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90053 018 ***150.00

Principal Place of Business

4434 LAFAYETTE STREET
 MARIANNA FL 31446

Mailing Address

PO BOX 484
 MOULTRIE GA 31776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2368442

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

AVALOS, ELISEO
4050 BRYIN STREET
GREENWOOD FL 32443

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 \$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 ☐ Delete
 NAME PS
 STREET ADDRESS SOLORIO, SANTIAGO R
 CITY-ST-ZIP 114 N EUFAULA AVE
 EUFAULA AL 36027

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-00

Date

229
 912-985-2753

Daytime Phone #

CR2E034 (5/00)

Attachment
D# 997000107953
DW 78363

August 8, 2000

Florida Department of State
Division of Corporation
PO Box 1500
Tallahassee, Fl 32302-1500

Attached please find a copy of the form and check that was mailed on 4-30-2000 in the amount of \$150.00. That check has not cleared out bank so we are sending a replacement check.

Thanking you in advance.

Old Mexico of Marianna, Inc.