

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90262 036 ***150.00

DOCUMENT # P98000098659

1. Entity Name
HACIENDA BUENA VENTURA, INC.

Principal Place of Business

3240 S.W. 34TH STREET
APARTMENT 319
OCALA FL 34474

Mailing Address

3240 S.W. 34TH STREET
APARTMENT 319
OCALA FL 34474

2. Principal Place of Business

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip
34474

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip
34474

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-9556305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KASPER, JOHN A
2320 N.E. 2ND STREET
SUITE 1A
OCALA FL 34470

7. Name and Address of New Registered Agent

Name
J. WARREN BULLARD
Street Address (P.O. Box Number is Not Acceptable)
18 NW 3rd Ave
City
OCALA FL Zip Code
34475

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 *J. Warren Bullard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DIAZ, CRISTOBAL
3240 S.W. 34TH STREET, SUITE 319
OCALA FL 34474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIAZ, CRISTOBAL
4440 S.W. 44th Lane
OCALA, FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Maria E. Diaz
4440 S.W. 44th Lane
OCALA, FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V,T
Maria E. Diaz
4440 S.W. 44th Lane
Ocala, FL 34474 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,D,S
Cristobal Diaz
4440 S.W. 44th Lane
Ocala, FL 34474 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01 (352) 237-5767

CR2E034 (10/00)