## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P98000107660 BARRANCO HOLIDAY HOMES AND INTERIORS, INC. 04-19-2001 90033 003 \*\*\*150.00 Principal Place of Business Mailing Address 8834 PARLIAMENT COURT 8834 PARLIAMENT COURT KISSIMMEE FL 34747-1606 KISSIMMEE FL 34747-1606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3550632 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRANCO, ANNETTE Street Address (P.O. Box Number is Not Acceptable) 8834 PARLIAMENT COURT KISSIMMEE FL 34747-1606 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE ■ Addition TITLE NAME BARRANCO, ANNETTE NAME STREET ADDRESS STREET ADDRESS 8834 PARLIAMENT COURT CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34747-1606 TITLE TITLE ☐ Delete F. Barranco BARRANCO, FRANCISCO R NAME NAME STREET ADDRESS STREET ADDRESS 8834 PARLIAMENT COURT CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34747-1606 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

aruneo

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**