FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State **DOCUMENT #** 1. Entity Name P99000013979 04-25-2000 90098 046 ***158.75 GUERRA AND PAZ, INC. Principal Place of Business Mailing Address 336 COMMERCIAL STREET **D0038025** CASSELBERY, FL. 32707 2. Principal Place of Business 3. Mailing Address 2317 SILVER STAR RD. <u>2317 SILVER STAR RD.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number Not Applicable ORLANDO, ORLANDO. 59-3562118 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ORANGE 32804 32804 ORANGE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RACIEL PAZ 1092 SHEELER HILLS DRY APOPKA, FL. 32703 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) TITLE TITLE Change ☐ Addition ☐ Delete PRESIDENT & SECRETARY NAME NAME EDDY F. GUERRA STREET ADDRESS STREET ADDRESS 1051 LEE ROAD APT. 1C CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL. 32810-TITLE TITLE Change ☐ Addition VICE-PRES. & TREASURER NAME NAME RACIEL PAZ STREET ADDRESS STREET ADDRESS 1092 SHEELER HILLS DR. CITY-ST-ZIP CITY-ST-ZIP APOPKA, FL. 32703 TITLE ☐ Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thereby 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

7-2000

<u>407-578-9113</u>

changed, or on an attachment with an address, with all other like empowered.

EDDY

SIGNATURE: _