

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

2002

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90172 044 \*\*\*150.00

1. Entity Name  
**IVETTE ORTIZ & ASSOCIATES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**296 SHADYDALE COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**296 SHADYDALE COURT**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3576156**

5. Certificate of Status Desired  **\$8.75**

City & State  
**DELTONA, FL.**

City & State  
**DELTONA, FL.**

Zip  
**32738**

Country  
**USA**

Zip  
**32738**

Country  
**USA**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**IVETTE ORTIZ**

Street Address (P.O. Box Number is Not Acceptable)  
**296 SHADYDALE COURT**

City  
**DELTONA, FL.**

Zip Code  
**32738**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when not filing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD IVETTE ORTIZ 296 SHADYDALE COURT DELTONA, FL. 32738</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

*Ivette Ortiz* - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 401-324-3422  
Date Daytime Phone #

CR2E034B (12/01)