2000 UNIFORM BUSINESS REPORT (UBR)

did not receive the pre-printed form.

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DOCUMENT #

1. Entity Name ANA Commercial Services Inc
613 Teal Ave. P99000039617
Celebration, FL. 34747

Principal Place of Business — Mailing Address

APPROVED 07-06-2000 90007034 ***150.00 AND FILED

00 JUL 24 AM 8:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

00067964

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip — Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3581725 — Applied For / Not Applicable

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

6. **Name and Address of Current Registered Agent**

ANA I. Palacios
613 Teal Ave
Celebration, FL. 34747

7. **Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City — **FL** — 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/S/T NAME Ana I. Palacios STREET ADDRESS 613 Teal Ave CITY-ST-ZIP Celebration FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Ana Palacios — 407-566-9258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

July 20, 2000

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Florida Department of State
Division of Corporations
Tallahassee, Florida

Subject: Ana Commercial Services Inc.
Reference #: P99000039617

This is to certify that I did not receive the pre printing form for the 2000 Uniform Business Report.

It is my first year, but I'm very punctual with my responsabilities. After talking to your office regarding other matters, I found out about the pre printed form. To my surprise I realize I have not receive it. After filling a non-pre printed form that your office sent me I send it back right away, along with $150.00 as the fair amount for my Uniform Business Report.

Cordially Yours
Ana Palacio

STATE OF FLORIDA NOTARY PUBLIC
JANETTE QUINONES-PEREZ
My Comm Exp. 2/17/2001
Bonded By Service Ins
No. CC622606
Personally Known [ ] Other I.D.

Janette Quinones-Perez