

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

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90356 020 ***150.00

DOCUMENT # P99000039617

1. Entity Name

Ana Commercial Services ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

629 Mulberry Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Celebration FL

City & State

Same

4. FEI Number

593581725

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

7. Name and Address of Current Registered Agent

Name

Ana I. Palacios

Street Address (P.O. Box Number is Not Acceptable)

629 Mulberry Ave

City

Celebration

FL

Zip Code

34747

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

Ana Palacios AS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 12, 2002 AS

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME Ana Palacios
STREET ADDRESS 629 Mulberry Ave
CITY-ST-ZIP Celebration FL 34747

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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana Palacios

July 12, 2002

Date

Daytime phone #

CR2E034B (12/01)

Attachment

P990000396¹⁷ July 12, 2002
120829

To:

US Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302

This is to certify that I
have not received the Uniform Business
Report.

I had moved to another
address after my divorce.

I apologize for the
inconvenience.

Ana Palacio
629-Maberry Ave
Celebration, FL
34747