

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042590

1. Entity Name

ALCIDES OBANDO, INC.

Principal Place of Business

9047 N.W. 117TH STREET
HIALEAH GARDENS FL 33016

Mailing Address

9047 N.W. 117TH STREET
HIALEAH GARDENS FL 33018-4140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OBANDO, ALCIDES
9047 N.W. 117TH STREET
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

OBANDO ALCIDES

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

9047 NW 117TH STREET

City

HIALEAH GARDENS

FL

Zip Code

33016

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)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
OBANDO, ALCIDES
9047 N.W. 117TH STREET
HIALEAH GARDENS FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OBANDO ALCIDES
9047 NW 117TH STREET
HIALEAH GARDENS FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALCIDES OBANDO
PRESIDENT

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90010 003 ***150.00

00040000



DO NOT WRITE IN THIS SPACE

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