FILED

Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90192 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000065171 DOCUMENT # 1. Entity Name

COMERCIAL CUEVAS, INC.



								01-09-200	3 90192	. 002	"8./5
Principal Place of Business 55 WEST MAIN STREET APOPKA FL 32703			Mailing Address 55 WEST MAIN STREET APOPKA FL 32703							- ~	
·											
2. Principal	Place of Business	3. Ma	3. Mailing Address							110 BULBU BULBU 111	
Suite, Ap	t. #, etc.	Suit	Suite, Apt. #, etc.					CHECK HERE	E IF MAKIN	NG CHANGE	s
City & Sta	ate	City	City & State				El Number	59-358740			Applied For
Zip Country		Zip	Zip Country			F (5. Certificate of Status Desired \$8.75 Additional				Not Applicable
	6. Name and Address of Currer	at Registere	ed Agent							Fee Requi	
					Name	7. 1	ame and A	ddress of New I	Registered	1 Agent	
	, JOSE G		Stroot Address			10 (P.O. P.	av Numbari	a 61at 6 t- t- t	-1		
	MAIN STREET				Sireet Addres	SS (P.U. BO	ox Number I	s Not Acceptabl	e)		
APOPKA	FL 32703										
				•	City				F	Zip Co	de
8. The above	e named entity submits this statement	for the purp	ose of changing its	register	Led office or regis	stered age	ent, or both.	in the State of Fl			and accept
the obliga	ations of registered agent.			,	Ť	Ů			,	1	, and doocpt
SIGNATURE	- Stay-								1/3	103	
ء (ب	Signature, typed or printed name of registered ager	nt and title if app	licable. {NOT	E: Registere	d Agent signature requi	ired when rein	nstating)		DATE		
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	,					9. Electi	on Campaign Fi	nancing	\$5.0	00 May Be
Make Chec	k Payable to Florida Department	of State						Fund Contribution		☐ Adde	d to Fees
10.	OFFICERS AND		RS	11.		ADE	OITIONS/CE	HANGES TO OFF	ICEDS AN	ID DIBECTOR	O IN 44
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NAME	CUEVAS, JOSE G			NAM	<u> </u>					☐ change	Addition
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ITY-ST-ZIP				CITY-9	T_7IP						j

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u>SIGNATURE REQUIRED</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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