

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081041

1. Entity Name
ARIZMENDI ENTERPRISES, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90012 042 ***150.00

Principal Place of Business
**7503 N. SAINT PETER AVENUE
TAMPA FL 33614**

Mailing Address
**7503 N. SAINT PETER AVENUE
TAMPA FL 33614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3604341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARIZMENDI, HERMILO E
7503 N. SAINT PETER AVENUE
TAMPA FL 33614**

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ARIZMENDI, HERMILO E
7503 N. SAINT PETER AVENUE
TAMPA FL 33614** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

ARIZMENDI, HERMILO E
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
D#F990081041
00074709

Arizmendi, Inc.
7503 N. Saint Peter Ave.
Tampa, Fl. 33614

July 17, 2000

Florida Dept. Of State
Division of Corporation
P.O. Box 1500
Tallahassee, Fl 32302-1500

Gentlemen:

Enclosed please find our check No. 1026 dated July 17, 2000 in the amount of \$150.00 for the 2000 UBR report.

Please be advised that we didn't received the subject report earlier.

Your cancellation of the penalty will be greatly appreciated.

Truly yours,


Hermilio E. Arizmendi