

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90006 032 ***150.00

DOCUMENT # P99000081041

1. Entity Name
ARIZMENDI ENTERPRISES, INC.

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

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 77508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL.

4. FEI Number

59-3604341

Applied For

Not Applicable

Zip

Country

Zip

Country

33675

USA

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

Name

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

City

FL

Zip Code

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

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 12, 2001 Fee 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ARIZMENDI, HERMILO E**
 CITY-ST-ZIP **7503 N. SAINT PETER AVENUE
 TAMPA FL 33614**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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

Signature Phone #

CP2E034 (5/01)

Attachment
Doc # P990000081041

July 16, 2001

ARIZMENDI ENTERPRISES INC
750 N. Saint Peters Avenue
Tampa, Florida 33614

978419

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentleman:

As per our telephone conversation with your staff today, and our independent accountant, enclosed please find our check #1060 date July 16, 2001 for the UBR report in the amount of \$150.00.

Please be advised that I was absent from my business for six months on a family emergency, and some government reporting fell in arrears including the UBR report. Immediately our independent accountant called your department and spoke with Bryan, which advised to write a letter and send \$150.00.

We hope you will reconsider the penalty portion, since it's a financial hardship.
If we can be of further assistance please write.

Truly Yours,
Arizmendi Enterprises Inc.

Hermilo E. Arizmendi
Hermilo E. Arizmendi
President