

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000085020

1. Entity Name

JALAPENOS CALIENTE, INC.

Principal Place of Business

3003 Willow Avenue  
Lakeland, FL 33803

Mailing Address

303 Willow Avenue  
Lakeland, FL 33803

2. Principal Place of Business

4738 W. Irlo Bronson Highway  
Suite, Apt. #, etc.

3. Mailing Address

200 E. Robinson Street  
Suite, Apt. #, etc.  
Suite 500

City & State

Kissimmee, Florida 34746-5331  
Zip Country

USA

City & State

Orlando, Florida 32801  
Zip Country

USA

4. FEI Number

59-3601544

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Castrejon, Norberto R. Sr.  
3003 Willow Avenue  
Lakeland, Florida 33803

7. Name and Address of New Registered Agent

Name  
Florida Corporate Support, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
200 E. Robinson Street  
Suite 500  
City Orlando FL Zip Code 32801

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.

Florida Corporate Support, Inc.

SIGNATURE By:

*A. Steven Blair*

Assistant Secretary

4/10/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	CASTREJON, NORBERTO R., SR.	
STREET ADDRESS	3003 Willow Avenue	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTREJON, NORBERTO R., JR.	
STREET ADDRESS	3003 Willow Avenue	
CITY-ST-ZIP	Lakeland, Florida 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, GLORIA E.	
STREET ADDRESS	3003 Willow Avenue	
CITY-ST-ZIP	Lakeland, Florida 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, GLORIA E.	
STREET ADDRESS	4738 W. Irlo Bronson Highway	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zepeda, Juan I.	
STREET ADDRESS	317 Jacksonville Ct.	
CITY-ST-ZIP	Poinciana, FL 34759	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eddie, Jim	
STREET ADDRESS	42436 N. Griffin	
CITY-ST-ZIP	Grandview, WA 98930	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Zepeda, Catalina Ocampo	
STREET ADDRESS	317 Jacksonville Ct.	
CITY-ST-ZIP	Poinciana, FL 34759	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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

4/10/00

407-843-5880

Date

Daytime Phone #

CR2E034 (9/99)