FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 14 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000089854

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1626 SE 39Terr
Suite, Apt. #, etc.
City & State: CAPE CORAL
Zip: 33904 County: -

3. Mailing Address: 1626 S.E 39Terr
Suite, Apt. #, etc.
City & State: CAPE CORAL
Zip: 33904 County: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0952084 ☐ Applied For ☐ Not Applicable

5. Corporate Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: CARLOS FERNANDEZ
Street Address (P.O. Box Number(s) Not Acceptable): 1626 S.E 39TERR
City: CAPE CORAL FL Zip Code: 33904

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 _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

6. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ, CARLOS D.
STREET ADDRESS	1626 S.E 39Terr.
CITY-ST-ZIP	CAPE CORAL FL 33904

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

900008330135--1
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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Date _____ Daytime Phone Number _____

jp 10/14/02