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## 2001 UNIFORM BUSINESS REPORT (UBR)

0114803 AT

FILED

01 SEP 20 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000091280</b>			
1. Entity Name SPACE COAST INVESTMENTS, INC.			
Principal Place of Business 8204 CRYSTAL CLEAR LANE #1300-1400 ORLANDO FL 32809		Mailing Address P.O. BOX 780737 ORLANDO FL 32878	
2. Principal Place of Business		3. Mailing Address P.O. BOX 771027 Suite, Apt. #, etc. ORLANDO FL 32877	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SILVA, GUSTAVO 8204 CRYSTAL CLEAR LANE #1300-1400 ORLANDO FL 32809		7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, GUSTAVO 5303 E. COLONIAL DR., STE. B ORLANDO FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>SILVA, GUSTAVO</u> REQUIRED		(407) 447-0707	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

DO NOT WRITE IN THIS SPACE

593664639

Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (5/01)

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Attachment  
#0902091280  
AUG 10 9 12

*Narvaez Hegert, C.P.A., P.A.*

*Certified Public Accountants*

Florida Department of Revenue  
5050 West Tennessee Street  
Tallahassee, FL 32399-0100

August 7, 2001

RE: Space Coast Investments, Inc./dba La Hacienda

To Whom It May Concern:

We are writing this letter on behalf of our client in reference to a notice received from you regarding the Uniform Business Report.

Our client never received the first notice. It seems that it was sent to an incorrect address. Please correct your records. The address is P.O. Box 771027, Orlando, Florida 32877.

Enclosed is a payment of \$150.00. If you should have any further questions, feel free to contact our office.

Thank you,

*Sonia Narvaez Hegert*

Narvaez Hegert, P.A.  
SNH/as

OR  
GUSTAVO SILVA  
(407) 447-0707

1815 N. Dean Rd, Suite 104

Orlando, FL 32817

e-mail: [sonianarvaezhegert@msn.com](mailto:sonianarvaezhegert@msn.com)

[www.accountant-city.com/nhpa/](http://www.accountant-city.com/nhpa/)

Member of BBB

Phone (407) 382-6658

Phone (407) 736-8395

Fax (407) 736-8397