

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 99000092789**

1. Entity Name **HECTOR FUENTES, PA**

**FILED**

**00 NOV 20 AM 11:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**2454 BARCEL VIEW DR  
ORLANDO, FL 32835** **SAMR**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number **59-3603918** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HECTOR FUENTES  
2454 BARCEL VIEW DR  
ORLANDO, FL 32835**

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) ☐

**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	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PRRS</b>	<b>HECTOR FUENTES</b>	<b>2454 BARCEL VIEW DR ORLANDO, FL 32835</b>
			<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>VIC. PRRS</b>	<b>NELLY FUENTES</b>	<b>2454 BARCEL VIEW DR</b>
			<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<b>90000349699-5</b>
			<b>-12/12/00--01034-011</b>
			<b>****150.00 ****150.00</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<b>LS</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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: **NELLY FUENTES VIC. PRRS** **Nelly Fuentes** **11/15/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

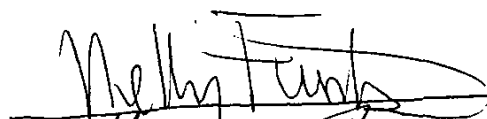
CR2E034 (9/99)

HECTOR FUENTES, PA  
2454 BASEL VIEW DR.  
ORLANDO, FL 32835

2012

PA99-  
92789

Please reinstate my company, I  
did not receive a corporate report.  
I am enclosing - \$150 fee to  
reinstate my company. I am  
asking that you waive the penalty.

  
Nelly Fuentes Vice Pres.