

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108439

1. Entity Name

1ST CHOICE FLORIDA MANAGEMENT INC. ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90090 040 ***550.00

Principal Place of Business

806 VERONA STREET. STE. 5
KISSIMMEE FL 34741-5472

Mailing Address

806 VERONA STREET. STE. 5
KISSIMMEE FL 34741-5472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

806 Verona St.
Suite, Apt. #, etc. SUITE 5

806 Verona St.
Suite, Apt. #, etc. SUITE 5

City & State KISSIMMEE, FL

City & State KISSIMMEE, FL

4. FFL Number 59-3645352

Applied For
Not Applicable

Zip 34741

Country USA

Zip 34741

Country 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

GUAQUETA, ROMMEL
1969 S KIRKMAN ROAD #30
ORLANDO FL 32811

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

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 13, 2000 Min. 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 President ☐ Delete
NAME Rommel Guqueta
STREET ADDRESS 1969 S. Kirkman
CITY-ST-ZIP Orlando FL 32811

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☐ Delete
NAME Hermann Guqueta
STREET ADDRESS 8225 Happy Trails
CITY-ST-ZIP Kissimmee 34741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rommel Guqueta REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00 407 931-3456

CR2E034 (5/00)