

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90054 049 ***150.00

DOCUMENT # V51803

1. Entity Name

ARIVASQUEZ, INC.

Principal Place of Business

Mailing Address

1010 MOON LAKE DR
 NAPLES FL 34104
 US

1010 MOON LAKE DR
 NAPLES FL 34104-6600
 US

00017952

2. Principal Place of Business

3. Mailing Address

11235 Longshore Way W

11235 Longshore Way W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL.

Naples, FL.

Zip

Country

Zip

Country

34119

US

34119

US

4. FEI Number

65-0350969

Applied

Not Applied

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

WILSON, GARY K.
 4501 TAMiami TRAIL N.
 SUITE 400
 NAPLES FL 34103

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 \$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
 Added to F.**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME VASQUEZ, LUZ STELLA
 STREET ADDRESS 1010 MOON LAKE DR
 CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

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

TITLE TSD
 NAME ARIAS, RICARDO
 STREET ADDRESS 1010 MOON LAKE DR
 CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

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

TITLE SD
 NAME VASQUEZ, CARLOS
 STREET ADDRESS 2116 EVERGREEN LAKE CT.
 CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE: Luz Stella Vasquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00

Date

Daytime Phone # 596