

020535

CK 0419782572

\$100.00

MAC

1. Name of company or name of individual (not fictitious name or d/b/a):

Beatriz Montalvo

2. Name under which applicant will do business (fictitious name, etc.):

N/A Not using Fictitious name

3. Official mailing address:

Street: P

P.O. Box: 720793

City: Orlando

State: FL Zip: 32872

4. Florida address:

Street: _____

P.O. Box: 720793

City: Orlando

State: FL Zip: 32872

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: _____

DEPOSIT	DATE
D225*	JUN 20 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: _____

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____