

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 18, 2000 08:00 AM
Secretary of State

DOCUMENT # M51665

1. Entity Name
 CAZADORES INVESTORS, INC.

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| Principal Place of Business 9782 S.W. 133 TERR. MIAMI FL 33176 | Mailing Address 9782 S.W. 133 TERR. MIAMI FL 33176 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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| 4. FEI Number 59-2800343 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent TORRES, OSCAR M. JR. 9782 S.W. 133 TERR. MIAMI FL 33176 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ DATE **05/18/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TORRES, OSCAR M., JR. 9782 S.W. 133RD TERR. MIAMI FL <input type="checkbox"/> Delete | T.TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, ELSA D. 3320 S.W. 92 AVE. MIAMI FL <input type="checkbox"/> Delete | T.TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUESADA, MIGUEL A. 6401-D S.W. 116 CT. MIAMI FL <input type="checkbox"/> Delete | T.TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOPEZ, ROLANDO C. 14288 S.W. 17TH STREET MIAMI FL <input type="checkbox"/> Delete | T.TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOPEZ, CECILIO G. 3850 S.W. 128TH AVE. MIAMI FL <input type="checkbox"/> Delete | T.TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CABRERA, MAURO J. 335 N.W. 128 AVE. MIAMI FL <input type="checkbox"/> Delete | T.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: Oscar M. Torres DATE: 05/18/2000