

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90030 018 \*\*\*150.00

**DOCUMENT # P99000039962**

1. Entity Name

**LAW OFFICES OF RAMON DE LA CABADA, P.A.**

Principal Place of Business

3191 CORAL WAY, SUITE 608  
MIAMI FL 33134

Mailing Address

3191 CORAL WAY, SUITE 608  
MIAMI FL 33145-3222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0916472

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

DE LA CABADA, RAMON  
300 SEVILLA AVE., STE. 208  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

**SAME**

Street Address (P.O. Box Number is Not Acceptable)

3191 Coral Way, Suite 608

City

MIAMI

FL

Zip Code

33145

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

*Ramon de la Cabada*

**RAMON DE LA CABADA** 3/16/00

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT & DIRECTOR**  
NAME **RAMON DE LA CABADA**  
STREET ADDRESS **3191 CORAL WAY, STE. 608**  
CITY-ST-ZIP **MIAMI, FL, 33145**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Ramon de la Cabada* **RAMON DE LA CABADA**

Date

Daytime Phone #

305-  
443-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)