

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86650

1. Entity Name

CUATES HOLDINGS, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90035 017 \*\*\*158.75

Principal Place of Business

217 WEST ENID DRIVE  
P.O. BOX 490567  
KEY BISCAYNE FL 33149

Mailing Address

217 WEST ENID DRIVE  
P.O. BOX 490567  
KEY BISCAYNE FL 33149-0567

2. Principal Place of Business

3. Mailing Address

777 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1390 PH

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

4. FEI Number

65-0204903

Applied For

Not Applicable

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

FERDIE, AINSLEE R.  
717 PONCE DE LEON BLVD.  
SUITE 215  
CORAL GABLES FL 33134

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 Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	URRUELA, JUAN	
STREET ADDRESS	217 WEST ENID DR.	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	URRUELA, ESTELA	
STREET ADDRESS	217 WEST ENID DR.	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)