

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068685

1. Entity Name

CESAR M. CANO, AIA, P.A.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90009 041 ***550.00

Principal Place of Business

5301 SW 130TH AVE
MIRAMAR FL 33027
US

Mailing Address

4906 CAMPO SANO CT.
CORAL GABLES FL 33146
US

2. Principal Place of Business

4906 CAMPO SANO CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

4. FEI Number

65-0520427

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75
Additional
Fee Required

6. Name and Address of Current Registered Agent

CANO, CESAR M
5301 SW 130TH AVE.
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name

CANO, CESAR M.

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

4906 Campo Sano Ct

City

Coral Gables

FL

Zip Code

33146

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS CANO, CESAR M
CITY-ST-ZIP 4906 CAMPO SANO CT.
CORAL GABLES FL 33146

TITLE ☐ Delete
NAME S
STREET ADDRESS CANO, MARI L
CITY-ST-ZIP 4906 CAMPO SANO CT.
CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

CESAR M. CANO 7-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: 0044/500