

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90085 038 ***150.00

DOCUMENT # P98000085860

1. Entity Name
CABRERO ENTERPRISES, INC.

Principal Place of Business 4612 COURTNEY LEE COURT ORLANDO FL 32812	Mailing Address 4612 COURTNEY LEE COURT ORLANDO FL 32812
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3536827	Applied For <input type="checkbox"/> Not Applicable
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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

**CABRERO, ANTHONY
 4612 COURTNEY LEE COURT
 ORLANDO FL 32812**

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 _____ (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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD Delete <input type="checkbox"/>	CABRERO, ANTHONY 4612 COURTNEY LEE COURT ORLANDO FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VSD Delete <input type="checkbox"/>	MARTINEZ, ANA M 4612 COURTNEY LEE COURT ORLANDO FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<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, will, or other like empowerment.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/24/01** (407) 855-1991
 Daytime Phone #

00-112

CR2E034 (10/00)