

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90003 012 \*\*\*550.00

**DOCUMENT # P00000009353**

1. Entity Name

**CACHO ENTERPRISES CORP.**

Principal Place of Business

**245 S.E. 1ST ST., SUITE 415  
 MIAMI FL 33131**

Mailing Address

**245 S.E. 1ST ST., SUITE 415  
 MIAMI FL 33131**

**772140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**245 SE 1st STREET**

3. Mailing Address

**245 SE 1st STREET**

Suite, Apt. #, etc.

**SUITE 403**

Suite, Apt. #, etc.

**SUITE 403**

City & State

**MIAMI**

City & State

**MIAMI**

4. FEI Number

**65-0980985**

Applied For

Not Applicable

Zip

Country

**DADE**

Zip

Country

**DADE**

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

**FIORE, JOSE**

**245 S.E. 1ST ST., SUITE 415  
 MIAMI FL 33131**

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!**  
**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

TITLE **D** ☐ Delete  
 NAME **FIORE, JOSE**  
 STREET ADDRESS **245 S.E. 1ST ST., SUITE 415**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition  
 NAME **FIORE JOSE**  
 STREET ADDRESS **245 SE 1st STREET SUITE 403**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 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]*

**JOSE FIORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/29/01 (786) 425-3448**

Date Daytime Phone #

CR2E034 (10/00)