

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90082 043 ***150.00

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DOCUMENT # 575356

1. Entity Name

**JULIO C. CABRERA CERTIFIED PUBLIC ACCOUNTANT, PR
OFESIONAL ASSOCIATION**

Principal Place of Business

**6365 TAFT STREET
#3003
HOLLYWOOD FL 33024
US**

Mailing Address

**6365 TAFT STREET
#3003
HOLLYWOOD FL 33024
US**

2. Principal Place of Business

**7369 Sheridan Street
Suite, Apt. #, etc.
Suite 201**

3. Mailing Address

**7369 Sheridan Street
Suite, Apt. #, etc.
Suite 201**

City & State

Hollywood, Florida

City & State

Hollywood, Florida

4. FEI Number

59-1827632

Applied For

Not Applicable

Zip

33024

Country

Broward

Zip

33024

Country

Broward

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABRERA, JULIO C
6365 TAFT STREET
SUITE 3003
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name

Julio C. Cabrera

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

7369 Sheridan Street

Suite 201

City

Hollywood

FL

Zip Code

33024

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, 2002 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 **PSD** ☐ Delete
NAME **CABRERA, JULIO C**
STREET ADDRESS **11775 N W 26 STREET**
CITY-ST-ZIP **CORAL SPRINGS, FL 3**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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

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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:

Julio C. Cabrera

3-1-02

954-981-7940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)