## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 607620** May 16, 2000 8:00 am Secretary of State 1. Entity Name CACHURRA CORP. 05-16-2000 90566 005 \*\*\*150.00 Mailing Address Principal Place of Business 9300 SW 77TH STREET 9300 SW 77TH STREET MIAMI FL 33173 MIAMI FL 33173-3306 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1881964 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIQUEZ, JOSE "Street-Address"(P.O.: Box Number is Not Acceptable) 12445 SW 99 AVE **MIAMI FL 33176** Zip Code City 8. The above named entity submix this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Jose M. Barriquez (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDT TITLE ☐ Change ☐ Addition TITLE ☐ Delete RODIGUEZ, JOSE NAME NAME STREET ADDRESS 9300 SW 77TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173 VPDS** ☐ Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUEZ, JORGE NAME 9300 SW 77TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33173** Change ☐ Addition ☐ Delete TITLE TITLE RODRIQUEZ, JORGE NAME 9300 SW 77TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.