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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90108 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002539

1. Corporation Name

CABALLERO ARCHITECTS, AIA, P.C.



Principal Place of Business

**5109 LEESBURG PIKE
SUITE 908, SIX SKYLINE PLACE
FALLS CHURCH VA 22041-3201**

Mailing Address

**5109 LEESBURG PIKE
SUITE 908, SIX SKYLINE PLACE
FALLS CHURCH VA 22041-3201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

54-1183781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6601 Little River Tpke.

2a. Mailing Address

26 6601 Little River Tpke.

Suite, Apt. #, etc.

22 Suite 400

Suite, Apt. #, etc.

27 Suite 400

City & State

23 Alexandria, VA

City & State

28 Alexandria, VA

Zip Country

24 22312

Zip Country

29 22312

30

9. Name and Address of Current Registered Agent

**CABALLERO, SANTIAGO
999 SOUTH BAYSHORE DRIVE
SUITE 1804
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ DELETE
NAME **CABALLERO, SANTIAGO**
STREET ADDRESS **11113 SPLIT RAIL LANE**
CITY-ST-ZIP **FAIRFAX STATION VA 22039**

TITLE **VST** ☐ DELETE
NAME **CABALLERO, TERESA M**
STREET ADDRESS **11113 SPLIT RAIL LANE**
CITY-ST-ZIP **FAIRFAX STATION VA**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-99

(703) 256-3180

Date

Daytime Phone #

CR2E034 (11/98)