

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90007 013 ***150.00

DOCUMENT # G16660

1. Corporation Name

M.A. CABRERA & COMPANY P.A.

Principal Place of Business

2 SOUTH UNIVERSITY DR.
SUITE 330
PLANTATION FL 33324
US

Mailing Address

P.O. BOX 550130
FT LAUDERDALE FL 33355
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1982

4. FEI Number

59-2238966

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 8751 W. BROWARD BLVD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 SUITE 207

23 City & State

23 PLANTATION FL

24 Zip

24 33324

Country

25 US

29 Zip

29 33324

Country

30 US

9. Name and Address of Current Registered Agent

CABRERA, MIGUEL A., JR.
2 SOUTH UNIV DR.
SUITE 330
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

82 11064 SW 37 MANOR

83

84 City DAVIE

FL

85 Zip Code

33328

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 PD ☐ DELETE

NAME CABRERA, MIGUEL A JR
STREET ADDRESS 2 SOUTH UNIVERSITY DR.
CITY-ST-ZIP PLANTATION FL

TITLE VPD ☒ DELETE

NAME KRBlich, CHARLES A.
STREET ADDRESS 2 SOUTH UNIVERSITY DR.
CITY-ST-ZIP PLANTATION FL

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 11064 SW 37 MANOR
1.3 STREET ADDRESS DAVIE, FL 33328
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VPD
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME MARILYN E. CAMPBELL
3.3 STREET ADDRESS 8751 WEST BROWARD BLVD #207
3.4 CITY-ST-ZIP PLANTATION, FL 33324

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

Date

Daytime Phone #

CR2E034 (11/98)