

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57814

1. Entity Name

CAIRO DRIVING SCHOOL, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90004 049 ***158.75

Principal Place of Business

Mailing Address

% MADELINE CRUZ
270 W 28 ST
HIALEAH FL 33010

% MADELINE CRUZ
270 W 28 ST
HIALEAH FL 33010-1514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

270 W 28 ST

270 W 28 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hia. FLA

City & State
Hia. FL

4. FEI Number 65-0116327

☒ Applied For
☐ Not Applicable

Zip 33010

County Dade

Zip 33010

County 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

CAIRO, MADELINE
270 W. 28 ST.
HIALEAH FL 33010

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 Madeline Cairo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Madeline Cairo

1-15-2000

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, 2000 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 CRUZ, MADELINE
STREET ADDRESS 2900-C WEST 3RD AVE.
CITY-ST-ZIP HIALEAH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 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: Madeline Cairo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2000

CR2E034 (9/99)