

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56521

1. Entity Name

TRAFALGAR ASSOCIATES OF SHERIDAN, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90022 029 \*\*\*150.00

Principal Place of Business

6505 BLUE LAGOON DRIVE, SUITE 250  
MIAMI FL 33126-6001

Mailing Address

6505 BLUE LAGOON DRIVE, SUITE 250  
MIAMI FL 33126-6011

2. Principal Place of Business

New address:

701 NW 62 Avenue, Suite 110  
Miami, Florida 33126

3. Mailing Address

New address:

701 NW 62 Avenue, Suite 110  
Miami, Florida 33126



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0200250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CACICEDO, RAMON R. JR ESQ  
6505 BLUE LAGOON DRIVE, SUITE 250  
MIAMI FL 33126-6001

7. Name and Address of New Registered Agent

Name

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

New address:  
701 NW 62 Avenue, Suite 110  
Miami, Florida 33126

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

*[Signature]*

Ramon R. Cacicedo Jr.

MAR - 8 2000

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, 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

TITLE PD ☐ Delete  
NAME CACICEDO, RAMON R.  
STREET ADDRESS 6505 BLUE LAGOON DRIVE, SUITE 250  
CITY-ST-ZIP MIAMI FL 33126-6001

TITLE VST ☐ Delete  
NAME GONZALEZ, JOSE, ANTERO  
STREET ADDRESS 6505 BLUE LAGOON DRIVE, SUITE 250  
CITY-ST-ZIP MIAMI FL 33126-6001

TITLE V ☐ Delete  
NAME HERNANDEZ, GUS  
STREET ADDRESS 6505 BLUE LAGOON DRIVE, SUITE 250  
CITY-ST-ZIP MIAMI FL 33126-6001

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 New address:  
STREET ADDRESS 701 NW 62 Avenue, Suite 110  
CITY-ST-ZIP Miami, Florida 33126

TITLE ☒ Change ☐ Addition  
NAME New address:  
STREET ADDRESS 701 NW 62 Avenue, Suite 110  
CITY-ST-ZIP Miami, Florida 33126

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

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE GONZALEZ

MAR - 8 2000

Date

Daytime Phone #

305-265-1771

CR2E034 (9/99)