

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90075 049 \*\*\*150.00

**DOCUMENT # P01000104484**

1. Entity Name

**COWBOYS MOBILE HOME SERVICES, INC.**

Principal Place of Business

**18540 SW 88 RD  
 MIAMI FL 33157**

Mailing Address

**18540 SW 88 RD  
 MIAMI FL 33157**

2. Principal Place of Business

**1300 NW 4 STREET**

3. Mailing Address

**1300 NW 4 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Homestead FL**

City & State

**Homestead FL**

Zip

**33030**

Country

**USA**

Zip

**33030**

Country

**USA**

4. FEI Number

**65-1151513**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TEST, SANDRA L**

**JOHN H TEST, P.A.**

**8900 SW 117 AVE STE B-105**

**MIAMI FL 33186**

7. Name and Address of New Registered Agent

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

*[Signature]*

**PABLO BARRIENTOS - President**

**1/31/01**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	BARRIENTOS, PABLO	
STREET ADDRESS	18540 SW 88 RD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, RAY	
STREET ADDRESS	18540 SW 88 RD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARRIENTOS, XIMENA	
STREET ADDRESS	18540 SW 88 RD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-2002**

Date

**305-247-7600**

Daytime Phone #

CR2E034 (9/01)