

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
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90147 021 ***158.75

DOCUMENT # P93000032553

1. Corporation Name
CAZO + JARRO, JACOBS ARCHITECTS, P.A.

Principal Place of Business

3461 SW 8TH ST
MIAMI FL 33135
US

Mailing Address

3461 SW 8TH ST
S-204
MIAMI FL 33135
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CAZO, ARMANDO
3461 SW 8TH ST
MIAMI FL 33135

3. Date Incorporated or Qualified

05/03/1993

4. FEI Number

65-0417232

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

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

I, 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 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	P	☐ DELETE
STREET ADDRESS	CAZO, ESPERANZA	
CITY-STATE-ZIP	3501 SW 8TH ST., S-204 MIAMI FL 33135	
NAME	V	☐ DELETE
STREET ADDRESS	JACOBS, ANGELA	
CITY-STATE-ZIP	3501 SW 8TH ST., S-204 MIAMI FL 33135	
NAME	ST	☐ DELETE
STREET ADDRESS	CAZO, ARMANDO	
CITY-STATE-ZIP	3501 SW 8TH ST., S-204 MIAMI FL 33135	
NAME		☐ DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ DELETE
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *Esperanza Cazo* ESPERANZA CAZO, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99

Date

205-448-3280

Daytime Phone #

CR2E034 (11/98)