

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078026

1. Entity Name

CABRAL CONCEPTS, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90116 006 \*\*\*150.00

Principal Place of Business

Mailing Address

7209 LOBELIA RD  
FT MYERS FL 33912  
US

P.O. BOX 9368  
NAPLES FL 34101-9368

2. Principal Place of Business

3. Mailing Address

3922 ALONA LN.  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
34135

Country

US

Zip

Country

4. FEI Number

65-0448024

Applied For

Not Applicable

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

CABRAL, COREY  
7209 LOBELIA RD  
FT MYERS FL 33912

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTVS  
CABRAL, COREY  
7209 LOBELIA RD  
FT MYERS FL

☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTVS  
CABRAL, COREY  
3922 ALONA LN.  
BONITA SPRINGS, FL 34135

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00 941-269-9465  
Date Daytime Phone #

CR2E034 (9/99)