

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082689

1. Entity Name

CABANA INTERNATIONAL CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90145 046 ***150.00

Principal Place of Business

3900 NW 79 AVENUE
SUITE 470
MIAMI FL 33166
US

Mailing Address

3900 N W 79 AVE
SUITE 470
MIAMI FL 33166-6548
US

2. Principal Place of Business

4741 N.W. 72nd.AVENUE

3. Mailing Address

4741 N.W. 72nd.AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0452358

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

QUINONES, ZOILA
3900 NW 79 AVE
SUITE 470
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

QUINONES ZOILA

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

4741 N.W.72nd.AVENUE

City

MIAMI

FL

Zip Code
33166

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

TITLE	P	<input type="checkbox"/> Delete
NAME	QUINONES, ZOILA	
STREET ADDRESS	3900 NW 79 AVE., SUITE 470	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	QUINONES, ELISA	
STREET ADDRESS	3900 NW 79 AVE., SUITE 470	
CITY-ST-ZIP	MIAMI FL 33166	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES ZOILA	
STREET ADDRESS	4741 N.W.72nd.Avenue	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cesar E. Quinones	
STREET ADDRESS	4741 N.W.72nd.Avenue	
CITY-ST-ZIP	Miami, FL 33166	
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:

Zoila A. Quinones

Zoila A. Quinones

4/24/00

(305)716-8770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E034 (9/99)