2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000059597 DOCUMENT

1. Entity Name

CABRERA & ASSOCIATES, INC. #1



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91143 001 ***450.00

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Principal Place	e of Business	S	Mai	ling Address		_	_					
4201 S.W. 11TH STREET				4201 S.W. 11TH STREET								
MIAMI FL 33134				MIAMI FL 33134								
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2. Principal Place of Business				3. Mailing Address						ÇELİL BELEL İ		
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Suite, Apt. #, etc.				Suite, Apt. #, etc.								
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City & State				City & State				4 FFI	I Number		T Ar	oplied For
5., 6. 5				1 7 2 2 3 3 3 3			1	,	65-0516238		<u> </u>	ot Applicable
Zip	Zip Country			Zip Coun							\$8.75 Add	
				,		,		5. Certificate of Status Desired Fee Required				
6. Name and Address of Current				Registered Agent				7. Name and Address of New Registered Agent				
				Name								
CABRERA, RENE												
4201 S.W. 11TH STREET				Street Address			ddress (P.C	D. Box	Number is Not Acceptable)			
		חבבו										
MIAMI FL	33134											
						City				FL	Zip Cod	е
		_ 									<u></u>	
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. I am familiar with, and accept the obligations of registered agent.												
the obligati	ions or regist	ered agent.										ł
SIGNATURE .												ì
SIGNATURE .	Signature, typed	or printed name of re	egistered agent and title if a	pplicable. (NOT	E: Registere	d Agent signatu	re required who	en reinst	tating)	DATE]
	. =			-								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									9. Election Campaign Finance	cing	\$5.0	May Be
				1					Trust Fund Contribution.			to Fees
Make Check Payable to Florida Department of State												
10.		OFFI	CERS AND DIRECT		11.			ADDI	TIONS/CHANGES TO OFFICE	RS AND		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: