

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085546

1. Entity Name

CAYRO OF COSTA RICA, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90191 028 \*\*\*150.00

Principal Place of Business

Mailing Address

39 BUTTLER ST  
 ORLANDO FL 32828

39 BUTTLER ST  
 ORLANDO FL 32828-7137

2. Principal Place of Business

39 Battler St

3. Mailing Address

39 Battler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando - FL

City & State

Orlando, FL

4. FEI Number

59-3444078

Applied For

Not Applicable

Zip

32828

Country

U.S.A

Zip

32828

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

1  
 RAMOREZ, ADOLFO  
 39 BUTTLER ST  
 ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

Rodolfo Ramirez

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

39 Battler St

City

Orlando

FL

Zip Code

32828

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 the fee 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	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, R.	
STREET ADDRESS	39 BUTTLER ST	
CITY-ST-ZIP	WINTER PARK FL 32792	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Owner	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramirez Rodolfo	
STREET ADDRESS	39 Battler St	
CITY-ST-ZIP	Orlando, Florida 32828	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)