

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90027 004 ***150.00

DOCUMENT # P96000085546

1. Entity Name

CAYRO OF COSTA RICA, INC.

Principal Place of Business

**39 BATTLER ST
 ORLANDO FL 32828**

Mailing Address

**39 BATTLER ST
 ORLANDO FL 32828**

2. Principal Place of Business

39 Battler St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando - FL

City & State

Orl - 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

**RAMIREZ, RODOLFO
 39 BATTLER 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 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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **RAMIREZ, R.**
 CITY-ST-ZIP **39 BATTLER ST
 WINTER PARK FL 32792**

TITLE ☐ Delete
 NAME **O**
 STREET ADDRESS **RAMIREZ, RODOLFO**
 CITY-ST-ZIP **39 BATTLER ST
 ORLANDO FL 32828**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **Owner**
 STREET ADDRESS **Ramirez Rodolfo**
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 APRIL 2002

CR2E034 (9/01)