

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90047 004 ***158.75

DOCUMENT # P97000036502

1. Entity Name
CABALLERO IRON WORK OF FLORIDA INC.

Principal Place of Business

**4421 SW 75TH AVE.
 MIAMI FL 33155**

Mailing Address

~~**4421 SW 75TH AVE.
 MIAMI FL 33155**~~

2. Principal Place of Business

7315 SW 45th

3. Mailing Address

~~**4421 SW 75TH AVE.**~~

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

~~**MIAMI FL.**~~

Zip

33155

Country

USA.

Zip

Country

4. FEI Number

65-0765973

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CABALLERO, PEDRO J
 3410 S.W. 87TH COURT
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name
CABALLERO PEDRO J.

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

7315 SW 45th

City

MIAMI

FL

Zip Code

33165

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]

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 CABALLERO, PEDRO J
 3410 S.W. 87TH COURT
 MIAMI FL 33165** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 CABALLERO, JOSE A
 12928 S.W. 151 LANE
 MIAMI FL 33186** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 CABALLERO, DELIA
 4421 S.W. 75TH AVE.
 MIAMI FL 33155** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)