

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042207

1. Entity Name

CASA CAYO HUESO, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90144 005 \*\*\*150.00

Principal Place of Business

Mailing Address

201 FRONT ST. SUITE 310  
KEY WEST FL 33040

201 FRONT ST. SUITE 310  
KEY WEST FL 33040-8346

2. Principal Place of Business

410 WALL ST.

3. Mailing Address

5570 THIRD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL.

City & State

KEY WEST, FL.

4. FEI Number

65-0758523

Applied For

Not Applicable

Zip

33040

Country

Monroe

Zip

33040

Country

Monroe

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWIFT, EDWIN O III  
201 FRONT ST, SUITE 310  
KEY WEST FL 33040

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PSD  
STREET ADDRESS SWIFT, EDWIN O III  
CITY-ST-ZIP 201 FRONT ST, SUITE 310  
KEY WEST FL 33040

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS SALINERO, FRED  
CITY-ST-ZIP 201 FRONT ST, SUITE 310  
KEY WEST FL 33040

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5570 3RD AVE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS DIAZ, JOSE M  
CITY-ST-ZIP 201 FRONT ST, SUITE 310  
KEY WEST FL 33040

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 410 WALL ST.  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)