2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # P97000066702

FILED
Aug 02, 2000 8:00 am
Secretary of State
08-02-2000 90148 038 ***150.00
03-02-2000 90065 045 ***150.00

1. Entity Name

CABOCA, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD SUITE 501 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD SUITE 501 CORAL GABLES FL 33134-3073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0777336 ☐ Applied For ☐ Not Applicable

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
IRIONDO, ANDRES J 901 PONCE DE LEON BLVD SUITE 501 CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CASTILLO, MARTHA 251 CRANDON BLVD #736 KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BOHEME, IVAN 251 CRANDON BLVD #736 KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CAPUANO, MICHELLE 251 CRANDON BLVD #736 KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 REQUIRED Martha Castillo 7-21-00 305-445-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc#P97000066702
B0104003

7/11/00 CORPORATE DETAIL RECORD SCREEN 8:41 AM
NUM: L93468 ST:FL ACTIVE/FL PROFIT FLD: 08/10/1990
FEI#: 65-0209863
NAME : TARAFA & IRIONDO CORPORATION
PRINCIPAL: 87 WEST MCINTYRE STREET
ADDRESS SUITE 201 KEY BISCAYNE BANK BLDG.
KEY BISCAYNE, FL 33149
RA NAME : ROBERTS, NORMAN T.
RA ADDR : 50 W. MASHTA DRIVE
SUITE 2
KEY BISCAYNE, FL 33149
ANN REP : (1998) B 03/30/98 (1999) AY 04/22/99 (2000) A 03/04/00

7/11/00 OFFICER/DIRECTOR DETAIL SCREEN 8:41 AM
CORP NUMBER: L93468 CORP NAME: TARAFA & IRIONDO CORPORATION
TITLE: D NAME: IRIONDO, SYLVIA
881 OCEAN DR #8A
KEY BISCAYNE, FL
TITLE: D NAME: TARAFA, ELIA
235 BUTTONWOOD DR.
KEY BISCAYNE, FL