

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10f2

DOCUMENT # P97000074913

1. Entity Name

Cabrera Show Ranch, Inc



FILED

04 NOV 18 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3805 SW 103 Ave

3. Mailing Address

Suite, Apt. #, etc.

Ste 120

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33165

Country

Zip

Country

REINSTATEMENT

03.04

4. FEI Number

65-0780001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sanchez, Omar Napoleon

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

3805 SW 103 Ave

Ste 120

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X

[Signature]

100043095471

12/01/04--01016--015 ***300.00

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.28

Make Check Payable to Florida Department of State

D. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
Sanchez, Omar Napoleon
3805 SW 103 Ave #120
Miami, FL 33165

TITLE
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IN THIS SPACE**

12. 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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CR2E034B (12/02)

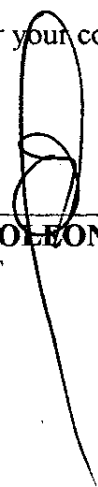
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation **CABRERA SHOW RANCH, INC.**

Thank you for your courtesy in this matter.


OMAR NAPOLEON SANCHEZ
PRESIDENT