

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015460.

1. Entity Name

CABELLO DRIVING SCHOOL, CORP.

Principal Place of Business Mailing Address

19788 SW 177 AVE  
MIAMI, FL 33187.

2. Principal Place of Business

3. Mailing Address

SAME

SAME

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pragna Cabello  
10360 SW 16 ST  
MIAMI, FL 33165

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 PD. JOSE R CABELLO. ☐ Delete  
NAME  
STREET ADDRESS 10360 SW 16 ST, MIAMI, FL 33165  
CITY-ST-ZIP  
TITLE SD PRAGNA CABELLO. ☐ Delete  
NAME  
STREET ADDRESS 10360 SW 16 ST  
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003238850--6  
-05/04/00--01005-000 Addition  
\*\*\*\*150.00 \*\*\*\*150.00

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

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:

Pragna Cabello Pragna Cabello (SD) 04/27/00 (305) 234-5066.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED AND FILED

'00 APR 27 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)