

2001 UNIFORM BUSINESS REPORT (UBR)

1/23/0

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90071 007 ***150.00

DOCUMENT # P98000044544

1. Entity Name

MARIO J. CABRERA, P.A., ATTORNEY AT LAW

Principal Place of Business

500 S FLORIDA AVE
 SUITE 600
 LAKE LAND FL 33801
 US

Mailing Address

500 S FLORIDA AVE
 SUITE 600
 LAKE LAND FL 33801
 US

2. Principal Place of Business

1628 S. Florida Ave
 Suite, Apt. #, etc.

3. Mailing Address

1628 S. Florida Ave
 Suite, Apt. #, etc.

City & State

Lakeland FL
 Zip 33803 Country

City & State

Lakeland FL
 Zip 33803 Country

4. FEI Number 59-3510100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, MARIO J
 500 S FLORIDA AVE
 STE 600
 LAKE LAND FL 33801

7. Name and Address of New Registered Agent

Name

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

City

Lakeland

FL

Zip 33803

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 of the principal or partner or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-10-01

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, 2001 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	<input type="checkbox"/> Delete
	CABRERA, MARIO J	500 S FLORIDA AVE, SUITE 600	LAKE LAND FL 33801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1628 S Florida Ave	Lakeland, FL 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01 863-616-9164

Date

Daytime Phone #

CR2E034 (10/00)