

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/23/01

**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  
LAKELAND FL 33801  
US

Mailing Address

500 S FLORIDA AVE  
SUITE 600  
LAKELAND 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.



DO NOT WRITE IN THIS SPACE

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  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

1628 S. Florida Ave

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 agent or principal of 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 **P** ☐ Delete  
NAME **CABRERA, MARIO J**  
STREET ADDRESS **500 S FLORIDA AVE, SUITE 600**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1628 S Florida Ave**  
CITY-ST-ZIP **Lakeland, FL 33803**

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

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

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-01 863-616-9164

CP2E034 (10/00)