

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90055 019 \*\*\*150.00

DOCUMENT # P98000060888

1. Entity Name  
CACHETIS APARTMENTS, INC.

Principal Place of Business

Mailing Address

1118 PLACETOS AVE  
CORAL GABLES FL 33146

1118 PLACETOS AVE  
CORAL GABLES FL 33146

00056132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5745 SW 97 ST

5745 SW 97 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PINECREST FL

City & State  
PINECREST FL

4. FEI Number 65-0851788

Applied For

Not Applicable

Zip 33156

Country USA

Zip 33156

Country USA

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

SUAREZ, RICARDO  
1118 PLACETAS AVE  
CORAL GABLES FL 33146

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME SUAREZ, RICARDO  
STREET ADDRESS 1118 PLACETAS AVE  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE PSD  
NAME SUAREZ, RICARDO  
STREET ADDRESS 5745 SW 97 ST  
CITY-ST-ZIP PINECREST, FL 33156 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 #

CR2E034 (10/00)