

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093328

1. Entity Name

CABO ROJO TRADING, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90037 019 \*\*\*150.00

Principal Place of Business	Mailing Address
EMERALD HILLS PROFESSIONAL PARK 4700-B SHERIDAN STREET HOLLYWOOD FL 33021	EMERALD HILLS PROFESSIONAL PARK 4700-B SHERIDAN STREET HOLLYWOOD FL 33021-3416

2. Principal Place of Business	3. Mailing Address
1112 WESTON Rd # Suite, Apt. #, etc. # 196	1112 Weston Rd Suite, Apt. #, etc. # 196

City & State	City & State
FT. LAUDERDALE FL	FT. LAUDERDALE FL

Zip	Country	Zip	Country
33326		33326	



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0870639	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, MARIA  
1112 WESTON RD #196  
FT. LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name
JOVANNI SAEZ

Street Address (P.O. Box Number is Not Acceptable)
1112 Weston Rd # 196

City	FL	Zip Code
Weston		33326

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

Jovanni Saez

2/4/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCD	SAEZ, JOVANNI	1112 WESTON ROAD #196	FT. LAUDERDALE FL 33326	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
STD	COSTA, MARIA	1112 WESTON ROAD #196	FT. LAUDERDALE FL 33326	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

Jovanni Saez

Date

2/4/00

Daytime Phone #

(954) 581-7723