

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026250

1. Entity Name
TOSOCADA, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90038 039 ***150.00

Principal Place of Business
9472 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32801

Mailing Address
9472 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837-8321

2. Principal Place of Business
9472 S. O. B. T.
Suite, Apt. #, etc.

3. Mailing Address
9472 S. O. B. T.
Suite, Apt. #, etc.

City & State
Orlando, FL.
Zip
32837
Country
USA

City & State
Orlando, FL.
Zip
32837
Country
USA

4. FEI Number
59-3564541

5. Certificate of Status Desired ☐

Applied For
Not Applied For
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CADA, SYLVIA T
9472 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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: *Sylvia T. Cada* Sylvia T. CADA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/00

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	Delete
President	Isidro J. Cada	11946 Greco Dr.	Orlando, FL 32837	<input type="checkbox"/>
Secretary-treasurer	Sylvia T. Cada	11946 Greco Dr.	Orlando, FL 32837	<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	Change	Addition
				<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: *Sylvia T. Cada* sec. / *Isidro J. Cada* 2/7/00 (407) 857-15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #