

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90082 045 ***150.00

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DOCUMENT # P99000026250

1. Entity Name

TOSOCADA, INC.

Principal Place of Business

9472 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32801

Mailing Address

9472 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32801

B0013956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9472 S. Orange
 Blossom Trail

3. Mailing Address

9472 S. Orange
 Blossom Trail

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3564541

Applied For

Not Applicable

Zip

32837

Country

U.S.A.

Zip

32837

Country

U.S.A.

5. Certificate of Status Desired ☐

\$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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

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
 NAME CADA, ISIDRO V *should be CADA* ☐ Delete
 STREET ADDRESS 11946 GRECO DR
 CITY-ST-ZIP ORLANDO FL 32837

TITLE ST
 NAME CADA, SYLVIA T *should be CADA* ☐ Delete
 STREET ADDRESS 11946 GRECO DR
 CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 President *Correction* ☐ Change ☐ Addition
 NAME CADA, ISIDRO V.
 STREET ADDRESS Same address
 CITY-ST-ZIP

TITLE Secretary *Correction* ☐ Change ☐ Addition
 NAME CADA, SYLVIA T.
 STREET ADDRESS Same address
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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] (SYLVIA T. CADA)

Jan. 24, 2001 (407) 857-1588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)