

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90220 020 \*\*\*150.00

**DOCUMENT # P99000026250**

**1. Entity Name**  
**TOSOCADA, INC.**



**Principal Place of Business**  
**9472 S. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32837**

**Mailing Address**  
**9472 S. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32837**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-3564541**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]* **Sylvia T. CADA Secretary/Treasurer Jan. 20, 2003**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☒ Delete  
**NAME** **CADA, ISIDRO V**  
**STREET ADDRESS** **11946 GRECO DR**  
**CITY-ST-ZIP** **ORLANDO FL 32837**

**TITLE** **ST** ☒ Delete  
**NAME** **CADA, SYLVIA T**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **President** ☒ Change ☐ Addition  
**NAME** **CADA, ISIDRO V.**  
**STREET ADDRESS** **3661 King George Drive**  
**CITY-ST-ZIP** **Orlando, FL. 32837**

**TITLE** **Secretary/Treasurer** ☒ Change ☐ Addition  
**NAME** **CADA, SYLVIA T.**  
**STREET ADDRESS** **3661 KING GEORGE DRIVE**  
**CITY-ST-ZIP** **ORLANDO, FL. 32837**

**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**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **Sylvia T. CADA sec. Treasurer Jan. 20, 2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)