

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/12/00-90078-045-\$150.00-\$150.00

DOCUMENT # P99000040541

1. Entity Name

CAYO HUESO CASA, INC.

FILED

00 JUN -9 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1205 CALAIS LANE  
KEY WEST FL 33040

Mailing Address

1205 CALAIS LANE  
KEY WEST FL 33040-3200

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

65-0939959

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLITENICK, RICHARD M  
402 APPELROUTH LANE  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name JAIME BENAVIDES

Street Address (P.O. Box Number is Not Acceptable)

1205 CALAIS LN.

City Key West FL Zip Code 33040

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

4/27/00

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 D ☐ Delete

NAME BENAVIDES, JAIME  
STREET ADDRESS 1205 CALAIS LANE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Delete

NAME BENAVIDES, JOYCE  
STREET ADDRESS 1205 CALAIS LANE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☒ Delete

NAME HARDY, WILLIAM L  
STREET ADDRESS 263 FAIRWAY LANE  
CITY-ST-ZIP ONEIDA TN 37841

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 ☐ 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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

LS

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

REQUIRED Director / President 4/27/00 305-294 5973

CR2E034 (9/99)