

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91147 026 ***150.00

DOCUMENT # **P99000042978**

1. Entity Name

CAZACA CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10233 SW 157 CT.

3. Mailing Address

10233 SW 157 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0918778

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required - -

7. Name and Address of Current Registered Agent

Name

ZAMBRANO, CARLOS H.

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

10233 SW 157 CT.

City

MIAMI

FL

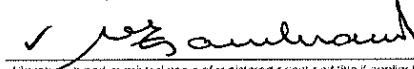
Zip Code

33196

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IN THIS SPACE**

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



05-01-02

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

Signature of Registered Agent required when reappointing.

DATE

9. This corporation is eligible to satisfy its Intangible
Filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**P.V.P.
ZAMBRANO, CARLOS H.
10233 SW 157 CT.
MIAMI, FL 33196**

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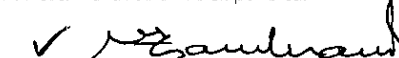
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/02

305-9721990

Date

Daytime Phone #

CR2E034B (12/01)