

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068083

1. Entity Name
Y ARriba Y ARriba.COM, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90034 018 ***550.00

Principal Place of Business

P O BOX 561126
MIAMI FL 33256-1125

Mailing Address

P O BOX 561126
MIAMI FL 33256-1125

2. Principal Place of Business

4441 COLLINS AVE
Suite, Apt. #, etc.
C/O CLUB TROPICALA
City & State
MIAMI BEACH FL

3. Mailing Address

4441 COLLINS AVE
Suite, Apt. #, etc.
C/O CLUB TROPICALA
City & State
MIAMI BEACH FL



DO NOT WRITE IN THIS SPACE

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 SOUTH BAYSHORE DR, SUITE 600
MIAMI FL 33133

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	GIBBONS, BARRY J	
STREET ADDRESS	P O BOX 561126	
CITY-ST-ZIP	MIAMI FL 33256-1125	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CACHALDORA, JOSE	
STREET ADDRESS	P O BOX 561126	
CITY-ST-ZIP	MIAMI FL 33256-1125	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KLEIN, DAVID	
STREET ADDRESS	P O BOX 561126	
CITY-ST-ZIP	MIAMI FL 33256-1125	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCBRIDE, PATRICK	
STREET ADDRESS	P O BOX 561126	
CITY-ST-ZIP	MIAMI FL 33256-1125	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CURRAIS, JORGE	
STREET ADDRESS	P O BOX 561126	
CITY-ST-ZIP	MIAMI FL 33256-1125	
TITLE	D	<input type="checkbox"/> Delete
NAME	CACHALDORA, ALEX	
STREET ADDRESS	P O BOX 561126	
CITY-ST-ZIP	MIAMI FL 33256-1125	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 OF CACHALDORA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/00

305-672-7469

Date

Daytime Phone #

CR2E034 (5/00)