

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90175 003 ***150.00

DOCUMENT # P99000089948

1. Entity Name
CABAL AND SOTO - C & S CORP.



Principal Place of Business

**4495 SW 67 TERRACE
SUITE 203
DAVIE FL 33314
US**

Mailing Address

**4495 SW 67 TERRACE
SUITE 203
DAVIE FL 33314
US**

90028098



2. Principal Place of Business

**369 Lakeview Drive
Suite, Apt. #, etc.
Suite 105**

3. Mailing Address

**369 Lakeview Drive
Suite, Apt. #, etc.
Suite 105**

☐ CHECK HERE IF MAKING CHANGES

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number **65-0973014**

Applied For
Not Applicable

Zip Country
33326 USA

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33326 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILINGS, INC.
3732 NW 16TH STREET
FT. LAUDERDALE FL 33311-4132**

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CABAL, JAIRO**
STREET ADDRESS **3699 SAN SIMEON CIRCLE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **President** ☐ Change ☒ Addition
NAME **Soto, Maria del Pilar**
STREET ADDRESS **369 Lakeview Drive Suite 105**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **VPD** ☒ Delete
NAME **SOTO, JUAN M**
STREET ADDRESS **3699 SAN SIMEON CIR.**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Cabal, Jairo**
STREET ADDRESS **369 Lakeview Drive Suite 105**
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 and Typed or Printed Name of Signing Officer or Director

01-13-2003

Date

Daytime Phone #

CR2E034 (10/02)