FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91457 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 476137

1. Entity Name

CASCAVEL, INC.

DO NOT WRITE IN THIS SPACE

90113562

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2. Principal Place of Business	3. Mailing Address
1925 BRICKELL AVENUE	1925 BRICKELL AVENUE
Suite, Apt. #, etc.: APT D 2102	Suite, Apt. #, etc.: APT D 2102
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33129 Country: USA	Zip: 33129 Country: USA

4. FEI Number 59-2142590 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: BAKER, RONALD G.

Street Address (P.O. Box Number is Not Acceptable): 2655 LE JEUNE ROAD, SUITE 203

City: CORAL GABLES **FL** Zip Code: 33134

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	CAVELIER, JORGE
STREET ADDRESS	1925 BRICKELL AVENUE, APT D 2102
CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE	VD
NAME	CAVELIER, SYLVIA
STREET ADDRESS	1925 BRICKELL AVENUE, APT D 2102
CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE	VD
NAME	CAVELIER, ANDRES
STREET ADDRESS	1925 BRICKELL AVENUE, APT D 2102
CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE	S
NAME	THOMPSON, MARGARET
STREET ADDRESS	6855 EDGEWATER DRIVE, #3 E
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33133
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrés Cavelier April 25/03 (305)856-1282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #