

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000005314****1. Entity Name**

CAVITE ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

8921 IRONGATE DRIVE

JACKSONVILLE

32244

US

FL

Mailing Address

8921 IRONGATE DRIVE

JACKSONVILLE

32244

US

FL

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**59-3343563**

Applied For

Not Applicable

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**

DOMINGUEZ TERESITA C

8921 IRONGATE DRIVE

JACKSONVILLE

32244

US

FL

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

04/30/2001

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25****9. Election Campaign Financing**
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
T	ESCOBAR LEONIDA	8010 BAGPIPE LANE	JACKSONVILLE FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
S	CATAULIN SALLY	2443 LONGWOOD STREET	ORANGE PARK FL 32065	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
V	ABAD MIGUELITO	218 HICKORY HOLLOW DR SO	JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
P	DOMINGUEZ TERESITA	8921 IRONGATE DRIVE	JACKSONVILLE FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	PARIN BERNARDO	8470 GRAMPELL DRIVE	JACKSONVILLE FL 32221	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	POBLETE ALICIA N	4552 WHISPERING INLET DR.	JACKSONVILLE FL 32277	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. 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 617, 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:

Teresita Dominguez

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)