

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90003 025 \*\*\*150.00

0198704 AV

**DOCUMENT # P01000049811**  
 1. Entity Name  
**CAULEY PALISADE CORP.**

Principal Place of Business <b>1824 BRICKELL AVENUE UNIT 1A MIAMI FL 33129</b>	Mailing Address <b>1824 BRICKELL AVENUE UNIT 1A MIAMI FL 33129</b>
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2. Principal Place of Business <b>6111 SW 86 ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>6111 SW 86 ST.</b> Suite, Apt. #, etc.
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City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33143</b>	Zip <b>33143</b>
Country	Country

4. FEI Number <b>65-1115516</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SMOLER, BRUCE J**  
**100 SE 2ND STREET SUITE 2620**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **BRUCE SMOLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2611 HOLLYWOOD BLVD**  
 City **HOLLYWOOD** FL Zip Code **33020**

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 *Bruce Smoler* DATE **3/26/02**  
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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OXMAN, OFFER</b> <b>1824 BRICKELL AVENUE UNIT 1A</b> <b>MIAMI FL 33129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILIANI, ANIBAL</b> <b>1824 BRICKELL AVENUE UNIT 1A</b> <b>MIAMI FL 33129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE LEON, CARLOS</b> <b>1824 BRICKELL AVENUE UNIT 1A</b> <b>MIAMI FL 33129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>OFFER ZOSMAN</b> <b>6111 SW 86 ST</b> <b>MIAMI FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ANIBAL MILIANI</b> <b>6111 SW 86 ST</b> <b>MIAMI FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARLOS DE LEON</b> <b>6111 SW 86 ST</b> <b>MIAMI FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos De Leon* president DATE **3/21/01** (305) 219-6479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)