

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048145

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90142 005 ***150.00

1. Entity Name

CAYMAR, INC.

Principal Place of Business

Mailing Address

700 N.W. 42ND AVENUE
 #617
 FL 32312-6

780 N.W. 42ND AVENUE
 #617
 MIAMI FL 33126-5538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0839369

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, WANDA
 2110 S.W. 3RD AVENUE
 APT A-2
 MIAMI FL 33129

Name
 Street Address (P.O. Box Number is Not Acceptable)
 2000 TOWERSIDE TERRACE #411
 City MIAMI FL Zip Code 33128-2223

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete 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 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
PTD SANCHEZ, WANDA 2110 S.W. 3RD AVENUE #2-A MIAMI FL 33129	2000 TOWERSIDE TERRACE #411 MAIMI FL, 33138-2223

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:

Wanda Sanchez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 892-7535

CR2E034 (9/99)