

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 13, 2001 8:00 am
Secretary of State

05-17-2001 90410 001 ***150.00

DOCUMENT # P92000008170

1. Entity Name

CAMADI CORPORATION

Principal Place of Business

**306 ALCAZAR AVE
SUITE 303
CORAL GABLES FL 33134
US**

Mailing Address

**306 ALCAZAR AVE.
STE 303
CORAL GABLES FL 33134
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0374720**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMAN, MAURICIO J.
906 PALERMO AVE.
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	SIMAN, MAURICIO J.	
STREET ADDRESS	906 PALERMO AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SIMAN, SARA L	
STREET ADDRESS	906 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CARMEN SIMAN	
STREET ADDRESS	442 ARAGON AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VO	<input type="checkbox"/> Delete
NAME	SIMAN, MAURICIO V.	
STREET ADDRESS	906 PALERMO AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMAN, DIEGO L	
STREET ADDRESS	906 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-28-01

305
443 4488

CR2E034 (10/00)

Attachment
Doc# P92000008170
7/6/31/3



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 30, 2001

CAMADI CORPORATION
306 ALCAZAR AVE.
STE 303
CORAL GABLES, FL 33134 US

Subject: CAMADI CORPORATION

Reference Number: P92000008170

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/pr
ANNUAL REPORTS SECTION