2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M74399 DOCUMENT

1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90862 005 ***150.00

CAWY N	MANAGEMENT CORP.			到	10 010 0	
Principal Place of Business 100 ALMERA AVENUE. SUITE 300 CORAL GABLES FL 33134		Mailing Address 100 ALMERA AVENUE. SUITE 300 CORAL GABLES FL 33134				
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0041935	Applied For	
Zip	Country	Zip	Country		Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered		
MACHADO, NESTOR J.			Name	Name		
100 ALMERIA AVE., SUITE 300			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
CORAL G	GABLES FL 33134				**	
			City	FL Zip Code		
8. The above the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE	Complete			·		
	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00	nd title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE		
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND (DIRECTORS	11.	L ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME	D MACHADO, NESTOR J.	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	100 ALMERIA AVE. #300 CORAL GABLES FL 33134		STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	<u> </u>	بيسجينيون بيون = المراب	CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP	7-1-		
		∟ Delete	TITLE		Change Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Change

Addition

☐ Addition