

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 316633

1. Entity Name

CENTRAL AMERICAN PRINTING, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90034 006 ***150.00

Principal Place of Business

2910 N.W. 39TH STREET
MIAMI FL 33142
US

Mailing Address

C/O MARCIA B. CABALLERO. ESQ.
2450 SW 137 AVENUE. #221
MIAMI FL 33175

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 **59-1196507**

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

CABALLERO, MARCIA B
2450 S.W. 137TH AVENUE
SUITE 221
MIAMI FL 33175

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SORIANO, INES R	
STREET ADDRESS	2910 NW 39TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	DAGEN, CARMEN M	
STREET ADDRESS	2910 NW 39TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
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
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STREET ADDRESS		
CITY-ST-ZIP		
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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 #

CR2E034 (10/00)

Attachment
316633
759162

Law Office
MARCIA B. CABALLERO
Professional Association

2450 Southwest 137th Avenue
Suite 221
Miami, Florida 33175

Telephone (305) 553-8020
Telecopier (305) 226-3740

April 25, 2001
Wednesday

Annual Report Filings
Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: CENTRAL AMERICAN PRINTING
Document Number 316633

Gentlemen:

Please find enclosed the Corporate Annual Report for the above-described corporation together with check in the sum of \$150.00 to cover your filing fee.

Sincerely,



Ari Quiñez,
Secretary for MARCIA B. CABALLERO, ESQ.

Enclosures