

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90135 023 ***150.00

DOCUMENT # F91483

1. Entity Name

CADAVAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 292
TAVERNIER FL 30707
US

P.O. BOX 292
TAVERNIER FL 33070-2237
US

2. Principal Place of Business

22 GRAYVILK DR
Suite, Apt. #, etc.

3. Mailing Address

22 GRAYVILK DR
Suite, Apt. #, etc.

City & State

Key Largo FL

Zip

33037

Country

USA

City & State

Key Largo FL

Zip

33037

Country

USA

4. FEI Number

59-2218382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CADAVAL, LUIZ
154 REDWING ROAD
TAVERNIER FL 33070

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 LUIZ E CADAVAL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-2000

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

TITLE	VST	<input type="checkbox"/> Delete
NAME	CADAVAL, OLGA	
STREET ADDRESS	154 REDWING ROAD	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CADAVAL, LUIZ	
STREET ADDRESS	154 REDWING RD	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CADAVAL, OLGA	
STREET ADDRESS	154 REDWING ROAD	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADAVAL, MAURICIO	
STREET ADDRESS	154 REDWING RD	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADAVAL, MELISSA	
STREET ADDRESS	154 REDWING RD	
CITY-ST-ZIP	TAVERNIER 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
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	

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

OLGA L CADAVAL

4-24-2000

Date

305 367 36 38

Daytime Phone #

CF2E034 (9/99)