

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M21824

1. Entity Name  
CADILLAC CLUB FASHIONS, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90007 023 \*\*\*550.00

Principal Place of Business ~~5090 E 2 AVE.~~ ~~HIALEAH FL 33013~~ **3860 E 10 CT**  
**HIALEAH, FL 33013**

Mailing Address ~~5090 E 2 AVE.~~ ~~HIALEAH FL 33013~~ **3860 E 10 CT**  
**HIALEAH, FL 33013**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2732676** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~HERNANDEZ, PABLO R.~~ ~~5090 E 2 AVE.~~ ~~HIALEAH FL 33013~~  
**Armando Musa**  
**3860 E 10 CT**  
**HIALEAH, FL 33013**

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>HERNANDEZ, PABLO R.</del>		NAME	
STREET ADDRESS <del>5090 E 2 AVE.</del>		STREET ADDRESS	
CITY-ST-ZIP <del>HIALEAH FL 33013</del>		CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUSA, JOSE L.</b>		NAME	
STREET ADDRESS <b>8720 SW 54 ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33165</b>		CITY-ST-ZIP	
TITLE <b>VP President</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUSA, ARMANDO</b>		NAME	
STREET ADDRESS <del>5090 E 2 AVE.</del> <b>3860 E 10 CT</b>		STREET ADDRESS	
CITY-ST-ZIP <del>MIAMI FL 33155</del> <b>HIALEAH, FL 33013</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Armando Musa **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **9-12-2000** **305-696-9940**  
Date Daytime Phone #

CR2E034 (5/00)