

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90129 042 ***150.00

DOCUMENT # M33825

1. Entity Name

CALAFELL ENTERPRISES INC.

Principal Place of Business

**3411 NW 7 STREET
 MIAMI FL 33125**

Mailing Address

**3411 NW 7 STREET
 MIAMI FL 33125**

2. Principal Place of Business

3411 NW 7 street

Suite, Apt. #, etc.

3. Mailing Address

3411 NW 7 street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

miami FL

City & State

miami, FL

4. FEI Number

59-2742424

Applied For

☐ Not Applicable

Zip

Country

33125 USA

Zip

33125 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROCA, RITA M
 555 VENETIAN PLAZA WAY 30-I
 MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name **Milton G. Calafell**
 Street Address (P.O. Box Number is Not Acceptable)
927 SW 76 Avenue
 City **miami** FL **33144**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1-7-02

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, 2002 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** ☐ Delete
 NAME **CALAFELL, MARIA R.**
 STREET ADDRESS **891 N. VENETIAN DR.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☒ Delete
 NAME **ROCA, RITA M**
 STREET ADDRESS **555 VENETIAN PLAZA WAY 30-I**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VPS** ☐ Delete
 NAME **CALAFELL, PEDRO N**
 STREET ADDRESS **891 N VENETIAN DR**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **VS** ☒ Delete
 NAME **CALAFELL, MILTON**
 STREET ADDRESS **891 N VENETIAN DR**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☒ Addition
 NAME **Milton G. Calafell**
 STREET ADDRESS **927 SW 76 Ave**
 CITY-ST-ZIP **miami, FL 33144**

TITLE **Vice-president** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** ☒ Change ☒ Addition
 NAME **Pedro m. calafell**
 STREET ADDRESS **750 NW 35 Ave**
 CITY-ST-ZIP **miami FL 33125**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0183578 AV

CR2E034 (9/01)