

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90261 007 ****61.25

DOCUMENT # N45110

1. Entity Name

C.A.V.A., INC.

Principal Place of Business

Mailing Address

P.O. BOX 140305
 CORAL GABLES FL 33114-0305

P.O. BOX 140305
 CORAL GABLES FL 33114-0305

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

65-0291702

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENELA, FRANCISCO
7400 SW 34 ST RD.
MIAMI FL 33155

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] **FRANCISCO PENELA**

1-13-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, ANDRES	
STREET ADDRESS	2246 SW ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PENELA, FRANCISCO	
STREET ADDRESS	7400 SW 34 ST. RD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRESPO, RAFAEL	
STREET ADDRESS	2500 NW 79 AVE. #201	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROCERA, JUAN	
STREET ADDRESS	750 N.W. 43RD, APT. 104	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, OSCAR	
STREET ADDRESS	8543 SW 132 PL	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SIBILA, JORGE	
STREET ADDRESS	4297 SW 149 CT	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRES GARCIA	
STREET ADDRESS	4297 SW 149 CT	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO PENELA	
STREET ADDRESS	7400 SW 34 ST RD	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	SECRETARY RAFAEL CRESPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6205 SW 131 CT. #203	
STREET ADDRESS	MIAMI, FL 33122	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROCERA, JUAN	
STREET ADDRESS	750 NW 43 RD, APT. 104	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSCAR, MARTINEZ	
STREET ADDRESS	8543 SW 132 PL	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature] **FRANCISCO PENELA**

1-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)