

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90136 022 ****61.25

03/03/04

DOCUMENT # N45110

1. Entity Name

C.A.V.A., INC.



Principal Place of Business

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

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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	4297 SW 149 CT	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTORY, JOSEPH J	
STREET ADDRESS	3521 SW FF CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRESPO, RAFAEL	
STREET ADDRESS	6205 SW 131CT. #263	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARROCERA, JUAN	
STREET ADDRESS	750 N.W. 43RD, APT. 104	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTORY, JOSEPH J	
STREET ADDRESS	3521 SW 88 CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ANDRES	
STREET ADDRESS	4297 SW 149 CT	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROCERA, JUAN	
STREET ADDRESS	750 NW 43RD APT 104	
CITY-ST-ZIP	MIAMI FL 33126	
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/14/03

CR2E037 (10/02)