

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005314

1. Entity Name

CAVITE ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

8470 GRAMPBELL DR  
JACKSONVILLE FL 32221  
US

Mailing Address

8470 GRAMPBELL DR  
JACKSONVILLE FL 32221-6614  
US

2. Principal Place of Business

8921 IRONGATE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

8921 IRONGATE DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip  
32244

Country  
US

City & State

JACKSONVILLE, FL

Zip  
32244

Country  
US

4. FEI Number

59-3343563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARIN, BERNARDO C.  
8470 GRAMPBELL DR  
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name  
TERESITA C. DOMINGUEZ

Street Address (P.O. Box Number is Not Acceptable)

8921 IRONGATE DRIVE

City  
JACKSONVILLE

FL

Zip Code  
32244

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 *Teresita C. Dominguez*  
TERESITA C. DOMINGUEZ (PRESIDENT)

APRIL 12, 2000

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

TITLE P ☐ Delete  
NAME POBLETE, ALICIA N  
STREET ADDRESS 4552 WHISPERING INLET DR.  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE P ☐ Delete  
NAME PARIN, BERNARDO  
STREET ADDRESS 8470 GRAMPBELL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE D ☒ Delete  
NAME VIRATA, AURORA  
STREET ADDRESS 928 RUDDER ROAD  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☒ Delete  
NAME HERNANDEZ, ELIZARDO  
STREET ADDRESS 13049 LOBLOLLY LANE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D ☒ Delete  
NAME DOMINGUEZ, TERESITA  
STREET ADDRESS 8921 IRONGATE DR  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE D ☒ Delete  
NAME DELA CRUZ, CIRIACO  
STREET ADDRESS 1599 CHAIN FERN WAY  
CITY-ST-ZIP ORANGE PARK FL 32073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE P ☒ Change ☐ Addition  
NAME DOMINGUEZ, TERESITA  
STREET ADDRESS 8921 IRONGATE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE V ☐ Change ☒ Addition  
NAME ABAD, MIGUELITO  
STREET ADDRESS 218 HICKORY HOLLOW DR SO.  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE S ☐ Change ☒ Addition  
NAME CATAULIN, SALLY  
STREET ADDRESS 2443 LONGWOOD STREET  
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE T ☐ Change ☒ Addition  
NAME ESCOBAR, LEONIDA  
STREET ADDRESS 8010 BAGPIPE LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32244

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: *Teresita C. Dominguez*  
TERESITA C. DOMINGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12, 2000 (904)464-7650

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

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

04-19-2000 90064 011 \*\*\*\*61.25