


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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90097 011 ****61.25

DOCUMENT # N95000005314


1. Entity Name
CAVITE ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
1824 WILLEDSON DR. WEST 1824 WILLEDSON DR. WEST
JACKSONVILLE FL 32246 JACKSONVILLE FL 32246
US US

2. Principal Place of Business 3. Mailing Address
1824 WILLEDSON DR. WEST 1824 WILLEDSON DR. WEST
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, FL JACKSONVILLE, FL.
Zip Country Zip Country
32246 USA 32246 USA



☐ CHECK HERE IF MAKING CHANGES

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
ABAD, MIGUELITO R
1824 WILLEDSON DR. WEST
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent
Name **ABAD, MIGUELITO R.**
Street Address (P.O. Box Number is Not Acceptable)
1824 WILLEDSON DR. WEST
JACKSONVILLE FL 32246

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 **MIGUELITO R. ABAD** (NOTE: Registered Agent signature required when reinstating) DATE **1/7/03**

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POBLETE, ALICIA N 4552 WHISPERING INLET DR. JACKSONVILLE FL 32277 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOMINGUEZ, TERESITA 8921 IRONGATE DR. JACKSONVILLE FL 32244 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CUEVAS, MANUEL 1706 ANDREWS CT. ORANGE PARK FL 32073 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ABAD, MIGUELITO 1824 WILLEDSON DR W JACKSONVILLE FL 32246 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ABAD, RHADORA 1824 WILLEDSON DR. W JACKSONVILLE FL 32246 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ESCOBAR, LEONIDA 8010 BAGPIPE LANE JACKSONVILLE FL 32244 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 officers empowered.

SIGNATURE: **MIGUELITO R. ABAD** DATE: **1/7/03** (904) 928-0287

CR2E037 (10/02)