

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

DOCUMENT # **N95000005314**

1. Entity Name  
**CAVITE ASSOCIATION OF JACKSONVILLE, INC.**



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

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

Principal Place of Business  
**1824 WILLESDON DR. WEST  
JACKSONVILLE FL 32246  
US**

Mailing Address  
**1824 WILLESDON DR. WEST  
JACKSONVILLE FL 32246  
US**

2. Principal Place of Business  
**1824 WILLESDON DR. WEST**

3. Mailing Address  
**1824 WILLESDON DR. WEST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**JACKSONVILLE, FL.**

City & State  
**JACKSONVILLE, FL.**

4. FEI Number **59-3343563**

Applied For

Not Applicable

Zip  
**32246**

Country  
**USA**

Zip  
**32246**

Country  
**USA**

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABAD, MIGUELITO R  
1824 WILLESDON 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 WILLESDON 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

**1/1/03**

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**

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

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

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V CUEVAS, MANUEL  
1706 ANDREWS CT.  
ORANGE PARK FL 32073**

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P ABAD, MIGUELITO  
1824 WILLESDON DR W  
JACKSONVILLE FL 32246**

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S ABAD, RHADORA  
1824 WILLESDON DR. W  
JACKSONVILLE FL 32246**

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T ESCOBAR, LEONIDA  
8010 BAGPIPE LANE  
JACKSONVILLE FL 32244**

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 changes I've made.

SIGNATURE: **MIGUELITO R. ABAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/1/03 (904) 928-0287**

Date

Daytime Phone #

CR2E037 (10/02)