2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9800003015

FILED Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90394 030 ****70.00

1. Entity Name

CACA CHI TUDAL DOLAILUCO ARATDIOANA UNO

rincipal Place of Business		Mailing Address			
145 Normandy DR # IAMI Beach FL 33141 S		1145 NORMANDY DR #206 MIAMI BEACH FL 33141 US			
Principal Place of Bu	usiness	3. Mailing Address			
	usiness	3. Mailing Address Suite, Apt. #, etc.			
Principal Place of Bu Suite, Apt. #, etc. City & State	usiness				

1145 NORMANDY DR #206 MIAMI BEACH FL 33141 US 2. Principal Place of Business Suite, Apt. #, etc.		1145 NORMANDY DR #206 MIAMI BEACH FL 33141 US 3. Mailing Address Suite, Apt. #, etc.					
					DO NOT WRITE IN THIS SPACE		
City & St	ato				TO NOT INTERNATION OF ACE		
on, a diale		City & State		4. FEI Number	MOT ARRIVADO E - TOPOGRADO		
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired \$8.75	Not Applicable Additiona	
	6. Name and Address of Current	Registered Agent			Fee Requess of New Registered Agent	ired	
١.,			Name		on them registered Agent		
CAMINERO, MAXIMO			Street Add	ress (P.O. Box Number is No	ot Acceptable)		
1145 NO	DRMANDY DR #206	 			1//		
MIAMI 8	EACH FL 33141			N/A			
	e named entity submits this statement for		City		FL Zip Co	ode	
SIGNATURE	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	9. Election Can	E: Registered Agent signature re	squired when reinstating) \$5.00 May Be	DATE Make Check Payable		
	<u> </u>	Trust Fund (Contribution.	Added to Fees	Department of Sta		
TITLE	OFFICERS AND DIR		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS I	N 10	
NAME	RUIZ, CESAR A	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS	18344 NE 68TH AVE APT E	·	STREET ADDRESS			1	
CITY-ST-ZIP	MIAMI FL 33015-3434		CITY-ST-ZIP			}	
TITLE NAME	CAMINEDO MAYINO	Delete	TITLE		☐ Change	Addition	
STREET ADDRESS	CAMINERO, MAXIMO 19424 NE 26TH AVE, APT 131		NAME STREET ADDRESS			-	
CITY-ST-ZIP	NORTH MIAMI-BEACH FL 33180		CITY-ST-ZIP			}	
TITLE	D	☐ Delete	TITLE		Change		
NAME STREET ADDRESS	CASTALLANOS, TIBERIO		NAME		r ouguge	LJ Addition	
CITY-ST-ZIP	19424 NE 26 AVE #131 N MIAMI BCH FL 33180		STREET ADDRESS CITY-ST-ZIP			į	
TITLE	D	☐ Delete	TITLE				
NAME	CAMPILLO, LUIS	- Delete	NAME		☐ Change	☐ Addition (
STREET ADDRESS CITY-ST-ZIP	533 SW 8TH ST		STREET ADDRESS			{	
TITLE	MIAMI FL 33130 D		CITY-ST-ZIP				
NAME	HERNANDEZ, CARLOS	☐ Delete	TITLE .		☐ Change	Addition	
STREET ADDRESS	2420 BRICKELL AVE #308B		STREET ADDRESS			}	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP				
TITLE	D CAROLL FERMANDS	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	GARCIA, FERNANDO 4600 SW 134 AVE		NAME		Li Change	Addition	
CITY-ST-ZIP	MIAMI FL 33175		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR