

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90409 035 \*\*\*\*70.00

**C0068949**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N99000000472

1. Entity Name

CARNAVAL INDEPEDENCIA CENTRO AMERICA Y MEXICO, INC  
 (CICAMEX)

Principal Place of Business

9600 NW 25 ST, SUITE 4-G  
 MIAMI FLORIDA, 33172

Mailing Address

2. Principal Place of Business

2441 NW 93rd AVENUE

3. Mailing Address

2441 NW. 93er AVENUE

Suite, Apt. #, etc.

SUITE # 102

Suite, Apt. #, etc.

SUITE # 102

City & State

MIAMI FLORIDA, 33172

City & State

MIAMI FLORIDA, 33172

Zip

Country

33172

Zip

Country

4. FEI Number

65-0892249

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

5599 NW 5 ST C-6  
 MIAMI FL, 33126

7. Name and Address of New Registered Agent

Name

ISIDRO GADEA

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

711 SW 5 ST # 1

City MIAMI

FL

Zip Code 33130

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.

ISIDRO GADEA (PRESIDENTE)

ABRIL 24 2001.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE 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 NAME PRESIDENTE ~~Secretario~~ ☐ Delete  
 ISIDRO GADEA  
 STREET ADDRESS 711 SW 5 ST. #1 MIAMI FL, 33130  
 CITY-ST-ZIP

TITLE NAME VICE PRESIDENTE ☐ Delete  
 LEOBARDO RUEDA  
 STREET ADDRESS 1401 SW 20 ST. MIAMI FL, 33145  
 CITY-ST-ZIP

TITLE NAME TEASURE ☐ Delete  
 LUIS COLINDRES  
 STREET ADDRESS 14715 SW 112 TERRACE. MIAMI FL, 33186  
 CITY-ST-ZIP

TITLE NAME DIRECTOR ☐ Delete  
 ANA GARCIA  
 STREET ADDRESS 2500 SW 99 AVE. MIAMI FL, 33165  
 CITY-ST-ZIP

TITLE NAME DIRECTOR ☐ Delete  
 TOMAS REGALADO  
 STREET ADDRESS 2420 SW 20 ST. MIAMI FL, 33145  
 CITY-ST-ZIP

TITLE NAME DIRECTOR ☐ Delete  
 GUSTAVO BARREIRO  
 STREET ADDRESS 325 OCEAN DR. A-303. MIAMI BEACH FLORIDA, 33139  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME DIRECTOR ☐ Change ☒ Addition  
 ROSARIO ROMAN  
 STREET ADDRESS 300 NE 2ND AVE. ROOM 5501-7  
 CITY-ST-ZIP MIAMI FLORIDA, 33132

TITLE NAME DIRECTOR ☐ Change ☒ Addition  
 SARA REGALADO  
 STREET ADDRESS 1935 NE 2007 ST. NORTH MIAMI BEACH  
 CITY-ST-ZIP FLORIDA, 33179.

TITLE NAME Director ☐ Change ☒ Addition  
 OVERTON M. WHITTAKER  
 STREET ADDRESS 1170 SW 6 ST MIAMI FLORIDA 33130.  
 CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition  
 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:**

(PRESIDENTE)

ABRIL 24, 2001

305-592-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)