

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001209

1. Entity Name

THE CAVE OF ADULLAM, INC.

2/14/2003-90231-029-\$61.25-\$61.25

FILED

03 MAY -8 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09/19/02 90161-024 \$61.25

Principal Place of Business

13295 SW 34TH STREET
MIAMI FL 33175

Mailing Address

13295 SW 34TH STREET
MIAMI FL 33175

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0904007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JUAN CARLOS
13295 SW 34TH STREET
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

REINSTATEMENT

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

Signature, typed or printed name of registered agent and fee 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 PD
NAME SANCHEZ, JUAN CARLOS
STREET ADDRESS 13295 SW 34TH STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE VPD
NAME HERNANDEZ, ALBERTO R
STREET ADDRESS 14570 SW 51 STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE TO
NAME CLAVAREZA, RENE J
STREET ADDRESS 13708 SW 56TH ST. SUITE 104
CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE *General Secretary*
NAME *General Secretary*
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *General Secretary*
NAME *General Secretary*
STREET ADDRESS *12773 SW 45th Terr*
CITY-ST-ZIP *Miami, FL 33175* ☐ Change ☒ Addition

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

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

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

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

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

Date

Daytime Phone #

10/10/02