

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90135 041 ***150.00

0186871

DOCUMENT # P00000035707

1. Entity Name

CARIDAD & ASSOCIATES, INC.

Principal Place of Business

**141 CRANDON BLVD. #445
 KEY BISCAYNE FL 33149**

Mailing Address

**141 CRANDON BLVD. #445
 KEY BISCAYNE FL 33149**

00037960

2. Principal Place of Business

**121 CRANDON BLVD
 450**

3. Mailing Address

**121 CRANDON BLVD
 450**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KEY BISCAYNE, FL
 33149**

City & State

**KEY BISCAYNE, FL
 33149**

4. FEI Number

65-101151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARIDAD, DEBORA
 141 CRANDON BLVD. #445
 KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name **DEBORA CARIDAD**
 Street Address (P.O. Box Number is Not Acceptable)
**121 CRANDON BLVD
 #450**
 City **KEY BISCAYNE** FL **33149**

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

X *Debra Ciudad* **DEBORA CARIDAD**

4/9/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARIDAD, DEBORA	
STREET ADDRESS	141 CRANDON BLVD. #445	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARIDAD, DEBORA	
STREET ADDRESS	121 CRANDON BLVD #450	
CITY-ST-ZIP	KEY BISCAYNE, FL. 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X *Debra Ciudad* **DEBORA CARIDAD PRES** **4/9/01** **305-205-6141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)