

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90042 040 \*\*\*150.00

**DOCUMENT # P00000035707**

**1. Entity Name**  
**CARIDAD & ASSOCIATES, INC.**

**Principal Place of Business**  
121 CRANDON BLVD #450  
KEY BISCAINE FL 33149

**Mailing Address**  
121 CRANDON BLVD #450  
KEY BISCAINE FL 33149



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
455 GRAND BAY DR.  
Suite, Apt. #, etc. 557

**3. Mailing Address**  
455 GRAND BAY DR.  
Suite, Apt. #, etc. 557

**City & State**  
Key Biscayne, FL.  
**Zip** 33149 **Country**

**City & State**  
Key Biscayne, FL.  
**Zip** 33149 **Country**

**4. FEI Number** 65-1011151

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CARIDAD, DEBORA  
121 CRANDON BLVD #450  
KEY BISCAINE FL 33149

**7. Name and Address of New Registered Agent**

**Name** CARIDAD DEBORA  
**Street Address (P.O. Box not acceptable)** 455 GRAND BAY DR.  
# 557  
**City** Key Biscayne **FL** **Zip Code** 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** *Deborah Caridad* **DATE** 3/26/02  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	CARIDAD, DEBORAH	
<b>STREET ADDRESS</b>	141 CRANDON BLVD. #445	
<b>CITY-ST-ZIP</b>	KEY BISCAINE FL 33149	
<b>TITLE</b>	DPS	<input type="checkbox"/> Delete
<b>NAME</b>	CARIDAD, DEBORAH	
<b>STREET ADDRESS</b>	121 CRANDON BLVD #450	
<b>CITY-ST-ZIP</b>	KEY BISCAINE FL 33149	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	CARIDAD, DEBORA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CARIDAD, DEBORA	
<b>STREET ADDRESS</b>	455 GRAND BAY DR. #557	
<b>CITY-ST-ZIP</b>	Key Biscayne, FL. 33149	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Deborah Caridad* **DEBORA CARIDAD, 3/30/02 305-365-4269**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (9/01)