

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90118 006 \*\*\*150.00

**DOCUMENT #** P00000035707

1. Entity Name

CARIDAD & ASSOCIATES, INC.



Principal Place of Business

455 GRAND BAY DR

#557

KEY BISCAYNE FL 33149

Mailing Address

455 GRAND BAY DR

#557

KEY BISCAYNE FL 33149

2. Principal Place of Business

860 Harbor Dr.  
Suite, Apt. #, etc.

3. Mailing Address

860 Harbor Dr.  
Suite, Apt. #, etc.

City & State

Key Biscayne, FL

Zip 33149

Country

USA

City & State

Key Biscayne, FL

Zip 33149

Country

USA

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

455 GRAND BAY DR

#557

KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

DEBORA CARIDAD

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

860 Harbor Dr.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Debora Caridad

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME  
DPS CARIDAD, DEBORA  
STREET ADDRESS 455 GRAND BAY DR #557  
CITY-ST-ZIP KEY BISCAYNE FL 33149  
☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
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 11

TITLE NAME  
DPS CARIDAD DEBORA  
STREET ADDRESS 860 HARBOR DR  
CITY-ST-ZIP KEY BISCAYNE, FL 33149  
☒ 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

CR2E034 (10/02)

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 607, 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

1/13/03

305-205-6141  
305-365-0618

Date

Daytime Phone #