

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90156 042 ***150.00

DOCUMENT # P0000036153

1. Entity Name
CADICORP MANAGEMENT GROUP, INC.

Principal Place of Business
7154 B SW 47 ST
MIAMI FL 33155-4654

Mailing Address
7154 B SW 47 ST
MIAMI FL 33155-4654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SAME

Suite, Apt. #, etc.
SAME

City & State

City & State

4. FEL Number
65-0997633

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE



00002509

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASOS, JOSE C
7154 B SW 47 ST
MIAMI FL 33155-4654

Name

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

SAME

City

FL

Zip Code

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PSTD PASOS, JOSE C**
 STREET ADDRESS **7154 B SW 47 ST**
 CITY-ST-ZIP **MIAMI FL 33155-4654**

TITLE Change Addition
 NAME **SAME**
 STREET ADDRESS **SAME**
 CITY-ST-ZIP **SAME**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change 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:

JOSE C. PASOS 04-27-2001 305-668-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)