

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90119 035 \*\*\*550.00

DOCUMENT # P00000052130

1. Entity Name

C&A Deywall Enterprise Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

807 NW 105 PL.

Suite, Apt. #, etc.

3. Mailing Address

807 NW 105 PL.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-1012219

Applied For

☐ Not Applicable

Zip

33172

Country

US

Zip

33172

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Wilva Ortiz

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

807 NW 105 PL.

City

Miami

FL

Zip Code

33172

**DO NOT WRITE  
IN THIS SPACE**

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 Wilva Ortiz

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

(NOTE: Registered Agent signature required when reinstating)

9-18-02

DATE

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

**January 1 - May 1: Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 P/T  
NAME Wilva Ortiz  
STREET ADDRESS 807 NW 105 PL. Miami FL 33172  
CITY-ST-ZIP

TITLE V/S  
NAME Roy Ortiz  
STREET ADDRESS 807 NW 105 PL. Miami FL 33172  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE: Wilva Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-02

Date

Daytime Phone #

CR2E034B (12/01)