

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090208

1. Entity Name
CARD INTERNATIONAL CORP.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90289 039 ***150.00

Principal Place of Business

100 ALMERIA AVE.
SUITE 360
CORAL GABLES FL 33134

Mailing Address

100 ALMERIA AVE.
SUITE 360
CORAL GABLES FL 33134

2. Principal Place of Business

999 Ponce de Leon
Suite 715

City & State
CORAL GABLES FL

Zip
33134

Country
USA

3. Mailing Address

999 Ponce de Leon
Suite 715

City & State
CORAL GABLES FL

Zip
33134

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1042652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TOVAR, ILENANA ARIAS ESG.~~
~~9900 STIRLING ROAD~~
~~SUITE 210~~
~~COOPER CITY FL~~

Name
Jose I. PADIAL

Street Address (P.O. Box Number is Not Acceptable)
999 Ponce de Leon # 715

City
CORAL GABLES FL Zip Code
33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUENO, JOSE LUIS
~~100 ALMERIA AVE. SUITE 360~~
~~CORAL GABLES FL 33134~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5201 Blue Lagoon Drive 8th Floor
MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)