

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-12-2001 90448 035 ***150.00

DOCUMENT # P00000091739

1. Entity Name

C.A.F. SERVICES, INC.

Principal Place of Business

6923 S.W. 19TH STREET
POMPANO BEACH FL 33068

Mailing Address

6923 S.W. 19TH STREET
POMPANO BEACH FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1053042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ALFARO, JACQUELINE
7175 S.W. 8TH STREET
SUITE 203
MIAMI FL 33144~~

7. Name and Address of New Registered Agent

Name Carlos A. Flores
Street Address (P.O. Box Number is Not Acceptable)

6923 S.W. 19th St.

City Pompano Beach

FL

Zip Code 33068

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 Carlos A. Flores

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

(NOTE: Registered Agent signature required when reinstating)

3/9/01
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, CARLOS A 6923 S.W. 19TH STREET POMPANO BEACH FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Carlos A. Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01 (954) 532-3507
Date Daytime Phone #

CR2E034 (10/00)

attachment

This is my
signature,

The Sunshine State

DRIVER LICENSE CLASS E

Florida

License Number: E462-10174-283-0

CARLOS ALBERTO FLORES

DATE OF BIRTH: 08-03-71

SEX: M

HEIGHT: 5-09

WEIGHT: 150

ISSUED: 05-01-96

EXPIRES: 08-03-02

ENDORSE: 05-21-96

Signature: Carlos Alberto Flores

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.