


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90194 043 \*\*\*150.00

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<b>DOCUMENT #</b> P00000100112	
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1. Entity Name  
**CARDEGIL, INC.**

Principal Place of Business  
**20185 E. COUNTRY CLUB DR., #501  
AVENTURA FL 33180**

Mailing Address  
**20185 E. COUNTRY CLUB DR., #501  
AVENTURA FL 33180**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-1051213</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CARDENO, LILIANA M</b> <b>20185 E. COUNTRY CLUB DR., #501</b> <b>AVENTURA FL 33180</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	
NAME	CARDENO, LILIANA M	NAME	
STREET ADDRESS	20185 E. COUNTRY CLUB DR., #501	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE		TITLE	TD
NAME		NAME	JUAN J. RAMIREZ
STREET ADDRESS		STREET ADDRESS	17820 N.E. 31 COURT, # 2112
CITY-ST-ZIP		CITY-ST-ZIP	AVENTURA, FL 33160
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Liliana M. Cardeno 04-09-03 305-792-9574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)