

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90062 041 ***150.00

DOCUMENT # P00000114796			
1. Entity Name CAFAM SERVICE CORP.			
Principal Place of Business 3741 NE 163 STREET N MIAMI BEACH FL 33160		Mailing Address 3741 NE 163 STREET N MIAMI BEACH FL 33160	
2. Principal Place of Business 16850-112 Collins Ave		3. Mailing Address 16850-112 Collins Ave	
Suite, Apt. #, etc. 283		Suite, Apt. #, etc. 283	
City & State Sunny Isles, FL		City & State Sunny Isles, FL	
Zip 33160	Country	Zip 33160	Country
6. Name and Address of Current Registered Agent TIRADO, CESAR 2821 NE 163 STREET N MIAMI BEACH FL 33160		7. Name and Address of New Registered Agent 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 _____			
"FILE NOW!!" FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIRADO, CESAR 2821 NE 163 STREET N MIAMI BEACH FL 33160 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSE A. JINCON 2821 NE 163 Street Apt 3M North Miami Bch, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daisy Brett 2821 NE 163 Street Apt 3M North Miami Bch, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____		SIGNATURE REQUIRED Date: 04/30/03 Daytime Phone: (786) 514-2123	

CR2E034 (10/02)