

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90299 043 ***150.00

DOCUMENT # P00000115652

1. Entity Name
C AND A DIVERSIFIED SERVICES, INC.



Principal Place of Business
330 SW 27TH AVE STE 103
MIAMI FL 33135

Mailing Address
330 SW 27TH AVE STE 103
MIAMI FL 33135

2. Principal Place of Business

13800 SW 8 Street

3. Mailing Address

13800 SW 8 Street

Suite, Apt. #, etc.

Suite 331

Suite, Apt. #, etc.

Suite 331

City & State

MIAMI, FL

City & State

MIAMI

Zip

33184

Country

USA

Zip

33184

Country

USA

4. FEI Number

65-1065026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HERRERA, CIRILO
3326 FLAGLER AVE
KEY WEST FL 33040

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

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

(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

TITLE **DP** ☐ Delete
NAME **JACOBO, CECILIO**
STREET ADDRESS **330 SW 27TH AVE STE 103**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **DV** ☐ Delete
NAME **JACOBO, ANA H**
STREET ADDRESS **330 SW 27TH AVE STE 103**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13800 SW 8 Street Suite 331**
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **13800 SW 8 Street Suite 331**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2003

Date

Daytime Phone #

CR2E034 (10/02)