

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90053 022 \*\*\*150.00

<b>DOCUMENT # P01000007915</b>	
1. Entity Name <b>CAL FORWARDING INTERNATIONAL, INC.</b>	
Principal Place of Business <b>9167 HARDING AVE. SURFSIDE MIAMI BCH FL 33154</b>	Mailing Address <b>9167 HARDING AVE. SURFSIDE MIAMI BCH FL 33154</b>
2. Principal Place of Business <b>1173 N.W. 123 PL.</b>	3. Mailing Address <b>1173</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI FL</b>	City & State
Zip <b>33182</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>LAVERDE, CARLOS A 9167 HARDING AVE. SURFSIDE MIAMI BCH FL 33154</b>	
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.	
SIGNATURE _____ (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. <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>\$5.00 May Be Added to Fees</b>
11. OFFICERS AND DIRECTORS	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>PV LAVERDE, CARLOS A 9167 HARDING AVE. SURFSIDE MIAMI BCH FL 33154</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>V LAVERDE, CARLOS V 9167 HARDING AVE. SURFSIDE MIAMI BCH FL 33154</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>S LAVERDE, CIRO A 9167 HARDING AVE. SURFSIDE MIAMI BCH FL 33154</b>	
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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: <b>CARLOS A. LAVERDE</b> <b>2/7/02</b> <b>822-0669</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2034 (9/01)