

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90094 038 ***150.00

DOCUMENT # P01000049811

1. Entity Name

CAULEY PALISADE CORP.



Principal Place of Business

6111 SW 86ST

MIAMI FL 33143

Mailing Address

6111 SW 86ST

MIAMI FL 33143

2. Principal Place of Business

14707 S. DIXIE HIGHWAY

3. Mailing Address

14707 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33176

Country

Zip

33176

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1115516

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J

2621 HOLLYWOOD BLVD

HOLLYWOOD FL 33020

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **ZOSMAN, OFER**
STREET ADDRESS **6111 SW 86ST**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VP** ☒ Change ☐ Addition
NAME **ZOSMAN, OFER**
STREET ADDRESS **14707 S. DIXIE HIGHWAY SUITE 204**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **S** ☒ Delete
NAME **MILANI, ANIBAL**
STREET ADDRESS **611 SW 86ST**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DE LEON, CARLOS**
STREET ADDRESS **6111 SW 86ST**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **P** ☒ Change ☐ Addition
NAME **CARLOS DE LEON**
STREET ADDRESS **14707 S. DIXIE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE LEON, Pres

1/7/03

(305)234-6117

Date

Daytime Phone #

CR2E034 (10/02)