

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90061 021 ***550.00

DOCUMENT # P01000066961

1. Entity Name

CEF INTERNATIONAL CORPORATION



Principal Place of Business
1194 E. CARROLL STREET
KISSIMMEE FL 34744

Mailing Address
1211 CARIBBEAN COVE COURT
ORLANDO FL 32824

2. Principal Place of Business

2801 E IRLO BRONSON HWY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

Zip

34744

Country

Country

4. FEI Number

59-3730771

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

CALDERA, ENOC

1211 CARIBBEAN COVE COURT

ORLANDO FL 32824

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PD** ☐ Delete
NAME **GONZALEZ, CARLOS**
STREET ADDRESS **PO BOX 430376**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **VD** ☒ Delete
NAME **GUCCIARDO, FRANCO**
STREET ADDRESS **14508 LITTL OAKLEY COURT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **SD** ☐ Delete
NAME **CALDERA, ENOC**
STREET ADDRESS **1211 CARIBBEAN COVE COURT**
CITY-ST-ZIP **ORLANDO FL 32824**

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 **PD** ☒ Change ☐ Addition
NAME **GONZALEZ, CARLOS**
STREET ADDRESS **232 SHORE LN**
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

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

TITLE **VD** ☒ Change ☐ Addition
NAME **CALDERA, ENOC**
STREET ADDRESS **1211 CARIBBEAN COVE COURT**
CITY-ST-ZIP **ORLANDO FL 32824**

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

TITLE ☐ Change ☐ Addition
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:

ENOC CALDERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/03

Date

Daytime Phone #

CR2E034 (4/03)