

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90030 021 ***150.00

UBR0001

DOCUMENT # P01000078942

1. Entity Name

CARDONA & LEYVA ASSOCIATES, INC.

Principal Place of Business

115 N.W. 109TH AVENUE
 SUITE 103
 PEMBROKE PINES FL 33026

Mailing Address

115 N.W. 109TH AVENUE
 SUITE 103
 PEMBROKE PINES FL 33026

2. Principal Place of Business
 10850 NW 2nd St

Suite, Apt. #, etc.
 201

3. Mailing Address

10850 NW 2nd St

Suite, Apt. #, etc.
 201



DO NOT WRITE IN THIS SPACE

City & State
 Pembroke Pines FL

Zip
 33026

Country
 USA

City & State
 Pembroke Pines FL

Zip
 33026

Country
 USA

4. FEI Number
 65-1130166

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDONA, JUAN C
 115 N.W. 109TH AVENUE
 SUITE 103
 PEMBROKE PINES FL 33026

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 *Juan C Cardona*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-15-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 CARDONA, JUAN C
 115 N.W. 109TH AVENUE SUITE 103
 PEMBROKE PINES FL 33026 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 LEYVA, SANDRA S
 115 N.W. 109TH AVENUE SUITE 103
 PEMBROKE PINES FL 33026 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Juan C Cardona*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-15-02

CR2E034 (9/01)