


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90118 007 \*\*\*150.00

<b>DOCUMENT # P02000003870</b>					
1. Entity Name <b>SECAD CORPORATION</b>					
Principal Place of Business 9429 HARDING AVE SURFSIDE FL 33154			Mailing Address 9429 HARDING AVE SURFSIDE FL 33154		
2. Principal Place of Business <b>11705 BISCAYNE BLVD</b>			3. Mailing Address <b>11705 BISCAYNE BLVD</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>01-0602816</b>	
Zip <b>33182</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>GUTMAN, CARLOS</b> <b>9429 HARDING AVE</b> <b>SURFSIDE FL 33154</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11705 BISCAYNE BLVD</b> City <b>MIAMI FL</b> Zip Code <b>33182</b>		
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 <u>GUTMAN</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTMAN, CARLOS		NAME	11705 BISCAYNE BLVD	
STREET ADDRESS	9429 HARDING AVE		STREET ADDRESS	MIAMI FL 33182	
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTMAN, ERNESTO		NAME	11705 BISCAYNE BLVD	
STREET ADDRESS	9429 HARDING AVE		STREET ADDRESS	MIAMI FL 33182	
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>GUTMAN</u> SIGNATURE REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E034 (10/02)