

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90147 020 ***550.00

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DOCUMENT # P02000023865



1. Entity Name
CAD & PLOT, INC.

Principal Place of Business
**3140 W. HALLANDALE BEACH BLVD. #310
HALLANDALE FL 33009**

Mailing Address
**3140 W. HALLANDALE BEACH BLVD. #310
HALLANDALE FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

093616426

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROA BODIN, GLORIA
2655 LEJEUNE ROAD, SUITE #1001
CORAL GABLES FL 33134**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P ROMERO, MARIA CAROLA**
STREET ADDRESS **3140 W. HALLANDALE BEACH BLVD. #310**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition
NAME **P SAN ROMAN, MARIA C.**
STREET ADDRESS **1139 Hidden Ridge #1135**
CITY-ST-ZIP **Irving, TX 75038**

TITLE Delete
NAME **S ROMERO, MARIA ANDREINA B**
STREET ADDRESS **3140 W. HALLANDALE BEACH BLVD. #310**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition
NAME **S BEHRENS, MARIA A.**
STREET ADDRESS **3140 W Hallandale Bch Blvd**
CITY-ST-ZIP **Hallandale, FL 33009**

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
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TITLE Change Addition
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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: *Andreea B. Romero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/03 (954)655-7472
Date Daytime Phone #

CR2E034 (4/03)