

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90176 044 \*\*\*150.00

DOCUMENT # P02000123925

1. Entity Name  
CADECI TRACTOR COMPANY, INC.



Principal Place of Business  
169 E FLAGLER STE 1527  
MIAMI FL 33131

Mailing Address  
169 E FLAGLER STE 1527  
MIAMI FL 33131



2. Principal Place of Business

12765 FOREST HILL BLVD.

3. Mailing Address

12765 FOREST HILL BLVD.

Suite, Apt. #, etc.

SUITE 1306

Suite, Apt. #, etc.

SUITE 1306

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-1032455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DISNEY D  
169 E FLAGLER STE 1527  
MIAMI FL 33131

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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | VICENTE, EFRAM G       |                                 |
| STREET ADDRESS | 169 E FLAGLER STE 1527 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | MENDES, JOSE G         |                                 |
| STREET ADDRESS | 169 E FLAGLER STE 1527 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | GOMEZ, OSCAR           |                                 |
| STREET ADDRESS | 169 E FLAGLER STE 1527 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | VINCENTE, JOSE A SR.   |                                 |
| STREET ADDRESS | 169 E FLAGLER STE 1527 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | LOCURCIO, RAFAEL       |                                 |
| STREET ADDRESS | 169 E FLAGLER STE 1527 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131         |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03

Date

Daytime Phone #

CR2E034 (10/02)