

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91203 027 \*\*\*150.00

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**DOCUMENT # P02000131418**

1. Entity Name

CAMAN, INC.



Principal Place of Business

C/O MICHAEL WEISS & ASSOC. P.A.  
1401 BRICKELL AVENUE - SUITE 300  
MIAMI FL 33132

Mailing Address

C/O MICHAEL WEISS & ASSOC. P.A.  
1401 BRICKELL AVENUE - SUITE 300  
MIAMI FL 33132

2. Principal Place of Business

2955 NE 190<sup>th</sup> Street

Suite, Apt. #, etc.

103

3. Mailing Address

2955 NE 190<sup>th</sup> Street

Suite, Apt. #, etc.

103

City & State

AVENTURA FL 33180

City & State

AVENTURA FL 33180

Zip

33180

Country

USA

Zip

33180

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEISS, MICHAEL N ESQ.  
1401 BRICKELL AVENUE  
SUITE #300  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ALAN FRIEDMAN

Street Address (P.O. Box Number is Not Acceptable)

2955 NE 190<sup>th</sup> STREET

APT 103

City

AVENTURA

FL

Zip Code

33180

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 ☒ Delete  
NAME D  
STREET ADDRESS WEISS, MICHAEL N  
CITY-ST-ZIP C/O 1401 BRICKELL AVENUE #300  
MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS ALAN FRIEDMAN  
CITY-ST-ZIP 2955 NE 190<sup>th</sup> STREET APT 103  
AVENTURA, FL 33180

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

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/2003

Date

Daytime Phone #

305-9312415

CR2E034 (10/02)