


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-28-2003 90087 016 ***150.00

DOCUMENT # P02000134672	
1. Entity Name CARONI, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18407 W. DIXIE HIGHWAY	3. Mailing Address P.O. Box 667646
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State NORTH MIAMI BEACH, FL	City & State Hompano Beach	4. FEI Number 27-0050665	Applied For <input type="checkbox"/> Not Applicable
Zip 33760	Country USA	Zip 33066	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name DAGER FELIPE	
	Street Address (P.O. Box Number is Not Acceptable) 2101 ATLANTIC SHORES BLVD, APT 305	
	City HALLANDALE	Zip Code FL 33009

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 resigning)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	VD MOURI DELRIS 18407 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIDALGO, LIDIA 18407 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/03

Date

Daytime Phone #

CR2E034B (12/02)