

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005876

1. Entity Name

CAVACO SALES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90138 018 ***150.00

Principal Place of Business

Mailing Address

1140 HOLLAND DRIVE

6876 QUEENFERRY CIRCLE

4
BOCA RATON FL 33487

BOCA RATON FL 33496-5943

2. Principal Place of Business

3. Mailing Address

6560 West Rogers Circle
Suite, Apt. #, etc.
14

6560 West Rogers Circle
Suite, Apt. #, etc.
14

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip
33487

Country
USA

Zip
33487

Country
USA

4. FEI Number 65-0381397

Applied For
Not Applicable

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

CAVAYERO, STEPHEN B
6876 QUEENFERRY CIRCLE
BOCA RATON FL 33496

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CAVAYERO, STEPHEN B
STREET ADDRESS 6876 QUEENFERRY CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

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

TITLE D
NAME CAVAYERO, AMY
STREET ADDRESS 6876 QUEENFERRY CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

4-9-2000 (561) 995-5996

CR2E034 (9/99)