

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90648 046 ***150.00

DOCUMENT # P94000027822

1. Entity Name
CAFFREY ENTERPRISES, INC.

Principal Place of Business

17621 SW 84 CT
MIAMI FL 33157

Mailing Address

17621 SW 84 CT
MIAMI FL 33157

2. Principal Place of Business

6071 ESTATES DRIVE

Suite, Apt. #, etc.

3. Mailing Address

6071 ESTATES DRIVE

Suite, Apt. #, etc.

City & State

ALEXANDRIA VA

Zip

22310

Country

USA

City & State

ALEXANDRIA VA

Zip

22310

Country

USA

4. FEI Number

65-0484016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARROYO, NANCY M
6701 S.W. 72ND STREET
SUITE 104
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

9737 NW 41ST STREET, #145

City

MIAMI

FL

Zip Code

33178

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, 2002 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

TITLE **D** ☐ Delete
NAME **CAFFREY, DENNIS F**
STREET ADDRESS **17621 SW 84 CT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **M** ☐ Delete
NAME **CAFFREY, MONIKA**
STREET ADDRESS **17621 SW 84TH CT**
CITY-ST-ZIP **MIAMI FL 33157**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6071 ESTATES DRIVE**
CITY-ST-ZIP **ALEXANDRIA, VA 22310**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6071 ESTATES DRIVE**
CITY-ST-ZIP **ALEXANDRIA, VA 22310**

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

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

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

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

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

DENNIS F. CAFFREY

20 MARCH 02 763-822-0425

Date

Daytime Phone #

CR2E034 (9/01)