

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052512

1. Entity Name

CARAVAN INTERNATIONAL, CORP.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90073 015 ***158.75

Principal Place of Business

6991 NW 82 AVE.
BAY #6
MIAMI FL 33166
US

Mailing Address

6991 NW 82 AVE.
BAY #6
MIAMI FL 33166-2776
US

2. Principal Place of Business

6995 N.W. 82 AVE

Suite, Apt. #, etc.
BAY # 45

3. Mailing Address

6995 N.W. 82 AVE

Suite, Apt. #, etc.
BAY # 45

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip
33166

Country
U.S.A.

Zip
33166

Country
U.S.A.

4. FEI Number

65-0519142

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

BOTELLO, JOSE
8418 CORAL WAY
MIAMI FL 33155

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
SALAME, ANTONIETA
5834 NW 113 PLACE
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☐ Delete
AHUEZ, JAIME
399 NW 72ND AVE #315
MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☒ Change ☐ Addition
AHUES, JAIME
399 N.W. 72 AVE # 202
MIAMI, FLORIDA 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

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

Jaime Ahues
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY OF THE CORP.

03/17/2000

Date

Daytime Phone #

CR2E034 (9/99)