

2002 UNIFORM BUSINESS REPORT (UBR)

0191490 AV

DOCUMENT # **P94000059418**

1. Entity Name

CAVALCO CORPORATION

FILED

02 APR 29 PM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**7959 NW 21ST STREET
MIAMI FL 33122
US**

Mailing Address

**7959 NW 21ST STREET
MIAMI FL 33122
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0700156

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EVANS, LAWRENCE S ESQ
150ALHAMBRA CIR
SUITE #1270
MIAMI FL 33134**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **FRANCISCO, RAUL SOUZA**
STREET ADDRESS **7959 NW 21ST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP, T, D** ☒ Change ☐ Addition
NAME **Roberto Souza Francisco**
STREET ADDRESS **7959 NW 21st Street**
CITY-ST-ZIP **Miami, Florida**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **S** ☐ Delete
NAME **EVANS, LAWRENCE S**
STREET ADDRESS **150 ALHAMBRA CIR STE., #1270**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Change ☐ Addition
NAME **200005980272**
STREET ADDRESS **-06/25/02--01075--002**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 (305) 5940476

CR2E034 (9/01)