

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90269 034 \*\*\*150.00

**DOCUMENT # P94000078959**

1. Entity Name  
**CANAIMA, INC.**

Principal Place of Business

**1001 S CONGRESS AVE  
 DELRAY BEACH FL 33445**

Mailing Address

**1001 S CONGRESS AVE  
 DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0528955**

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

**RIVERO, ANGEL O  
 1001 S CONGRESS AVE  
 DELRAY BEACH FL 33445**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PTS** ☐ Delete  
 NAME **MONTERRAT, LOZANO GRAU**  
 STREET ADDRESS **1001 S CONGRESS AVENUE**  
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE **VP** ☐ Delete  
 NAME **RIVERO, ANGEL O**  
 STREET ADDRESS **1001 S CONGRESS AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-25-01 561-2728348**

Date

Daytime Phone #

CR2E034 (5/01)


From: Sherwood Park Teraco <sup>Attachment</sup> August 25, 20  
1001 S. Congress Ave. <sup>APP94000078959</sup>  
Delray Beach, FL 33445 <sup>A0083867</sup>

To: Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam;

We are writing to you to explain why this taxes are being sent to you late. We did not even notice they were late until you sent us the second notice. We rely on our book keeper for all of this things, there is a lot of paperwork in this business and we need all the help we can. The girl that takes care of our account had her first baby on December last year making it hard on everyone. We have also been involved in the remodeling of the station and the plans and fees and requirements that we had to meet took a lot out of us. We must have overlooked this and unfortunately it didn't get paid. We always pay our bills on time and we are embarrassed that it happened; we hope that you understand what we went through and consider waving the late penalty fee.

Thank You

  
ANGEL O. RIVERA