2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an address

****ATURE:

FILED DOCUMENT # **P95000089605** Mar 28, 2000 8:00 am Secretary of State CADECI INTERNATIONAL CORP. 03-28-2000 90068 002 ***150.00 Principal Place of Business Mailing Address 3500 FAIRLANE FARMS RD #1 3500 FAIRLANE FARMS RD #1 WELLINGTON FL 33414-8749 WELLINGTON FL 33414 3. Mailing Address Principal Place of Business Suite, Apt. #, e DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0619844 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>thompson,</u> disney D_ -Street Address (P.O. Box Number is Not Acceptable) -169 EAST FLAGLER ST. **SUITE 1527 MIAMI FL 33131** City Zip Code pment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSD** Change ☐ Addition TITLE ☐ Delete VICENTE V, JOSE A NAME 3500 FAIRLANE FARMS RD #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRICENO A., FELIX NAME NAME 3500 FAIRLANE FARMS RD #1 STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Defete ☐ Addition DILE TITLE NAME ADDDEES STREET ADDRESS CITY-ST-7/P ST-ZIP Delete Change ☐ Addition STREET ADDRESS CITY-ST-ZIP ST-ZIF ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS ST-ZIP I hereby certify that the information supplied with this thing 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

ke empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if