

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91071 040 \*\*\*150.00

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**DOCUMENT # P96000036050**

1. Entity Name  
**CAYMAD INC.**



Principal Place of Business  
**620 MAJORCA AVENUE  
CORAL GABLES FL 33134-3753  
US**

Mailing Address  
**C/O GRUBER AND ASSOCIATES, P.A.  
1650 SOUTHEAST 17TH STREET, SUITE 301  
FORT LAUDERDALE FL 33316-1735  
US**

*65  
FORT*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*6550 North Federal Highway, Suite 522*

CHECK HERE IF MAKING CHANGES

City & State

City & State  
*Fort Lauderdale, FL*

4. FEI Number

**65-0677969**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33308-1404*

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

**SNYDER, LARRY R  
C/O GRUBER AND ASSOCIATES, P.A.  
1650 SOUTHEAST 17TH STREET, SUITE 301  
FORT LAUDERDALE FL 33316-1735**

Name

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

*6550 North Federal Highway*

City

**FL**

Zip Code

*33308-1404*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST SNYDER, LARRY R 620 MAJORCA AVENUE CORAL GABLES FL 33134-3753</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*08-14-03* *LARRY SNYDER* *954-522-2222*  
Date Daytime Phone #