


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0175445 AV

DOCUMENT #	P97000022309	
1. Entity Name	CADOR, INC.	

FILED

03 MAY -8 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 24795 S DIXIE HWY PRINCETON FL 33032 US	Mailing Address 24795 S DIXIE HWY PRINCETON FL 33032 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	65-0735449	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DORMOY, ALEX 18398 SO DIXIE HIGHWAY 15065 SW 87 AVE MIAMI FL 33176	7. Name and Address of New Registered Agent Name <u>DORMOY, ALEX</u> Street Address (P.O. Box Number is Not Acceptable) <u>10764 S.W. 51<sup>st</sup> DRIVE</u> City <u>MIAMI</u> FL Zip Code <u>33165</u>
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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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORMOY, ALEX 24795 S DIXIE HWY PRINCETON FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300018572983 05/08/03--01074--003 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: ALEX DORMOY 03/30/03 305 258 3059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/02)

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