

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90029 018 ***150.00

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DOCUMENT # P97000029805

1. Entity Name
CAGE ASSOCIATES, INC.

Principal Place of Business

**7212 NW 56TH ST
 MIAMI FL 33166
 US**

Mailing Address

**7212 NW 56TH ST
 MIAMI FL 33166
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #: etc.

Suite, Apt. #: etc.

City & State

City & State

4. FEI Number

65-0758474

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

**FLECHES, ENRIQUE A
 7212 NW 56 ST
 MIAMI FL 33166**

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 **PO** ☐ Delete
 NAME **FLECHES, ENRIQUE**
 STREET ADDRESS **16825 NW 83RD COURTE**
 CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☒ Change ☐ Addition
 NAME **16826 NW 83 CT**
 STREET ADDRESS **MIAMI LAKES FL 33016**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **VSD** ☐ Delete
 NAME **AMARO, GERARD**
 STREET ADDRESS **975 SW 179 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☒ Change ☐ Addition
 NAME **7935 NW 162 ST**
 STREET ADDRESS **MIAMI LAKES FL 33016**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **VTD** ☐ Delete
 NAME **SOLER, ANA M**
 STREET ADDRESS **9401 SW 4TH ST #211**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☒ Change ☐ Addition
 NAME **9957 NW 32 ST**
 STREET ADDRESS **MIAMI FL 33172**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

ENRIQUE FLECHES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02
 Date

305-8820435
 Daytime Phone #

CR2E034 (9/01)