

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91762 036 \*\*\*150.00

**DOCUMENT #** P98000073524

**1. Entity Name**

CAF INTERNATIONAL, CORPORATION

**DO NOT WRITE IN THIS SPACE**

90128314

**2. Principal Place of Business**

2666 N.W. 21 TERRACE

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI FLORIDA

**City & State**

**4. FEI Number**

65-0858170

Applied For

Not Applicable

**Zip**

33142

**Country**

U S A

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75** Additional Fee Required

**7. Name and Address of Current Registered Agent**

**Name**

CARLOS A FERNANDEZ

**Street Address (P.O. Box Number is Not Acceptable)**

809 N.E. 86 STREET

**City**

EL PORTAL,

**FL**

**Zip Code**  
33138

**DO NOT WRITE  
IN THIS SPACE**

**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**

CARLOS A FERNANDEZ

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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
FERNANDEZ, CARLOS ARIEL  
80 N. E. 86 STREET  
EL PORTAL, FLORIDA 33138

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTDIAGO A. FERNA  
GUSTAVO A. FERNANDEZ  
17901 N. W. 68 AVE APT #T105  
MIAMI, FLORIDA 33015

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

Daytime Phone #

CR2E034B (12/01)