

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90195 031 \*\*\*150.00

**DOCUMENT # P98000093331**

1. Entity Name  
**C.A.G.M., INC.**

Principal Place of Business  
**9452 NW 13 STREET**  
**BAY 65**  
**MIAMI FL 33172**

Mailing Address  
**6595 NW 36TH ST**  
**SUITE 205-3**  
**MIAMI FL 33166**



2. Principal Place of Business  
**6595 NW 36 st.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 205-3**

Suite, Apt. #, etc.

City & State  
**Miami Florida**

City & State

4. FEI Number  
**65-0818074**

Applied For  
☐ Not Applicable

Zip  
**33166**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**URBINA, DAISY**  
**9452 NW 13 ST**  
**BAY 65**  
**MIAMI, FL 33172**

## 7. Name and Address of New Registered Agent

Name

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

**6595 NW 36 st. #205-3**

City  
**Miami**

FL

Zip Code  
**33166**

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

TITLE  
**PD**  
 NAME  
**SUMALLA, ROGELIO**  
 STREET ADDRESS  
**9452 NW 13 ST BAY 65**  
 CITY-ST-ZIP  
**MIAMI FL 33172**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*+Signature Sumalla*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/02

Date

Daytime Phone #

CR2E034 (9/01)