

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101485

1. Entity Name

C. D. E. INTERNATIONAL, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90155 014 ***163.75

Principal Place of Business

8009 NW 36 ST STE 220
MIAMI FL 33166-6627

Mailing Address

8009 NW 36 ST STE 220
MIAMI FL 33166-6627

00039587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8009 NW 36 ST

3. Mailing Address

8009 NW 36 ST

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

215

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0879690

☒ Applied For

☐ Not Applicable

Zip

Country

33166

USA

Zip

Country

33166

USA

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

CASTANEDA, DAVID E
8009 NW 36 ST
MIAMI FL 33166-6627

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, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP

PVST
CASTANEDA, DAVID E
8009 NW 36 ST STE 220
MIAMI FL 33166-6627

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID CASTANEDA

4-16-2001

305-4717775

CR2E034 (10/00)