

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90612 047 ***158.75

DOCUMENT # P99000001670

1. Entity Name

CALIVI HOLDINGS, INC.

✓ (no) MM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 Coral Way #201

3. Mailing Address

2300 Coral Way #201

Suite, Apt. #, etc.

C/O Amada Lopez-Cantera

Suite, Apt. #, etc.

C/O Amada Lopez-Cantera

City & State

Miami, FL

City & State

Miami, FL

Zip

33145

Country

USA

Zip

33145

Country

USA

4. FEI Number

650936659

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DADE CORPORATE SERVICES, INC.

2300 CORAL WAY, SUITE 103

MIAMI, FL 33145

FL

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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when certifying)

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
PS	Lopez-Cantera, Amada	2300 Coral Way #201	Miami, FL 33145
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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

AMADA LOPEZ-CANTERA

Date

4/30/02 (305) 854-1040

Daytime Phone #