

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90081 002 ***150.00

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DOCUMENT # P99000054816

1. Entity Name
CAMINITO WAY, INC.



Principal Place of Business
**926 NE 128TH ST
NORTH MIAMI FL 33161**

Mailing Address
**926 NE 128TH ST
NORTH MIAMI FL 33161**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0930269**
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
**COLL, DANIEL
926 NE 128TH ST
NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD COLL, DANIEL**
STREET ADDRESS **926 NE 128TH ST**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DTS TEMPO, LAURA**
STREET ADDRESS **926 NE 28 STREET**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE Change Addition
NAME **DTS COLL, LAURA**
STREET ADDRESS **926 NE 28 ST**
CITY-ST-ZIP **MIAMI FL 33161**

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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**

8/15/03

CR2E034 (4/03)

Attachment

90150649
P99000054816

THIS ADDRESS APPEARS
ON REPORT, IS MY OWN
HOME ADDRESS, AND,
WE ARE SURE THAT
NEVER RECEIVE THAT
REPORT.-

PLEASE, WE ASK YOU
FOR YOUR CANCELLATION
OF PENALTY

THANK YOU

