

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 038 ***150.00

DOCUMENT # **P99000063633**

1. Entity Name

CORDARO HOMES, INC



DO NOT WRITE IN THIS SPACE

11034663

2. Principal Place of Business

CORDARO HOMES, INC.

3. Mailing Address

12159 SW 132 CT.

Suite, Apt. #, etc.

12159 SW 132 CT # 201

Suite, Apt. #, etc.

201

City & State

Miami FL 33186

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-0935342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Vincent Cortina

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

12230 SW 122 PATH.

City

Miami

FL

Zip Code

33186

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

Vincent Cortina
Signature, typed or printed name of registered agent and title if applicable.

Vincent Cortina

4/28/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**(President)
VINCE Cortina
12230 SW 122 PATH.
Miami FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**(V)
DAVID Dawiels.
20181 NW 9TH DR.
Pembroke Pines, FL 33089**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**(S)
ROBERT COZZI
13820 SW 132 AVE.
Miami, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent Cortina
Vincent Cortina

Date

4/28/03

Daytime Phone #

305-525-6796

CR2E034B (12/02)