

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084616

1. Entity Name  
CADEC SERVICES, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**  
01-30-2001 90142 039 \*\*\*150.00

Principal Place of Business  
~~12920 NORTHWEST 7TH AVENUE~~  
~~MIAMI FL 33168~~

Mailing Address  
~~12920 NORTHWEST 7TH AVENUE~~  
~~MIAMI FL 33168~~

2. Principal Place of Business  
**527 NE 125 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**527 NE 125 ST**  
Suite, Apt. #, etc.

City & State  
**N. MIAMI FL**

City & State  
**N. MIAMI FL**

Zip  
**33161**

Country  
**MIAMI-DADE**

Zip  
**33161**

Country  
**MIAMI-DADE**

4. FEI Number **65-0952601**

Applied For  
☐ Not Applicable

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

**CHARLES-MARC, MARIA L**  
**12920 NORTHWEST 7TH AVENUE**  
**MIAMI FL 33168**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**901 NE 137 STREET**  
City **MIAMI** **FL** Zip Code **33161**

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]* **1/10/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD CHARLES-MARC, MARIA L 12920 NORTHWEST 7TH AVENUE MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>527 NE 125 ST</b> <b>N. MIAMI, FL 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JIO, ELIVERT L 12920 NORTHWEST 7TH AVENUE MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>527 NE 125 STREET</b> <b>N. MIAMI, FL 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)