

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096354

1. Entity Name

CADDRAFT, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90063 030 ***150.00

Principal Place of Business

Mailing Address

~~13199 NW107TH AVENUE~~

~~13199 NW107TH AVENUE~~

~~SUITE 3~~

~~SUITE 3~~

~~HIALEAH GARDENS FL 33018~~

HIALEAH GARDENS FL 33018

2. Principal Place of Business

7181 SW 6 STREET

Suite, Apt. #, etc.

3. Mailing Address

7181 SW 6 STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

Zip

Country

33023

City & State

PEMBROKE PINES, FLORIDA

Zip

Country

33023

4. FEI Number

65-0963805

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

SANDERS, BERTA M CPA
9550 N.W. 77TH AVENUE
SUITE 3
HIALEAH GARDENS FL 33016

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 ☒ Delete
NAME D PEREZ, RAFAEL A
STREET ADDRESS 13199 NW 107TH AVENUE SUITE 3
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D SANDRA P. PEREZ
STREET ADDRESS 7181 SW 6 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Sandra P. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)