

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90037 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P990000097586

1. Entity Name

Cave Access Enterprises, Inc

Principal Place of Business

Mailing Address

1060 Oyster Wood St
Hollywood, FL 33019

Sore

769945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

105-0942154

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

7. Name and Address of New Registered Agent

Wendy L. Elliott
3022 E. Marilyn Rd.
Phoenix, AZ 85032

Name Jessica Vera

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

1060 Oyster Wood St.

City Hollywood

FL

Zip Code 33019

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 of type of entity or registered agent, and fee applicable.

(NOTE: Registered Agent Signature required when changing)

Date

4/30/01

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 \$300.00
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**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:**☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPresident
Wendy L. Elliott
3022 E. Marilyn Rd.
Phoenix, AZ 85032☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVice President
Jessica Vera
1060 Oyster Wood St.
Hollywood FL 33019☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ 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 checked or on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

4/30/01