

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/1

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90011 027 \*\*\*150.00  
 07-28-2000 90001 020 \*\*\*400.00

DOCUMENT # 099000109118  
 1. Entity Name  
**CALI CP CORPORATION**

Principal Place of Business Mailing Address  
**3520 N.W. 95 TERRACE (SAME)**  
**MIAMI, FLA. 33147**

2. Principal Place of Business 3. Mailing Address  
**3520 N.W. 95 TERR** **3520 N.W. 95 TERR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI, FLORIDA** **MIAMI, FLORIDA**  
 Zip Country Zip Country  
**33147** **USA** **33147** **USA**

4. FEI Number 65-0970401 Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CALIXTO PEREZ**  
**3520 N.W. 95 TERRACE**  
**MIAMI, FLA. 33147**

7. Name and Address of New Registered Agent  
 Name **N/A**  
 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 WITH FEE OF \$150.00  
 After MAY 11, 2000 Fee will be \$350.00  
 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  
 TITLE ☐ Delete  
 NAME **PRESIDENT**  
 STREET ADDRESS **CALIXTO PEREZ**  
 CITY - ST - ZIP **3520 N.W. 95 TERRACE**  
**MIAMI FLA. 33147**  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 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: **[Signature]** 6/8/00 691-2726  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone

CR2034 (9/99)