

DOCUMENT # V09234

1. Entity Name

CANSECO, INC.

FILED

00 MAR -6 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~% FITZGERALD, CHARLIP, DELGADO, ET AL~~
~~150 W. FLAGLER ST., SUITE 2701~~
~~MIAMI FL 33130~~

Mailing Address

3875 SHIPPING AVE
 MIAMI FL 33146-1516

2. Principal Place of Business

Cansecos Inc.

3. Mailing Address

Suite, Apt. #, etc.
 3875 Shipping Av.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0310791

: Applied For

Not Applicable

Zip

33146

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BEFELER, GEORGE~~
~~MUSEUM TOWER, SUITE 2701~~
~~150 W. FLAGLER ST.~~
~~MIAMI FL 33130~~

7. Name and Address of New Registered Agent

Name

CARLOS ARBOLEYA JR, P.A.

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

2550 S. Dixie Hwy

City

Miami

FL

Zip Code

33133

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HADDAD, ROBERTO NASIM	
STREET ADDRESS	% 150 W FLAGLER ST #2701	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ROBERT HADDAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 10, 00

Daytime Phone #

305 446-8346

CR2E034 (9/99)

KE